CITY OF SHEFFIELD EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,
LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1961

[FIFTY-FOURTH YEAR]



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KAZIMIERA H. TLUSTY, M.D., D.C.H.

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FLORENCE S. COATES, M.B., Ch.B.

D.Obst., R.C.O.G., D.C.H.

(app. 5-12-61)

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Orthopædic Section †*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.

Rheumatism and Heart ... †*JOHN LORBER, M.D., M.R.C.P.

Orthodontic Section *(VACANCY)

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†*Miss SUSAN JACKSON, D.B.O.

†*Miss JENNIFER A. SMITH, D.B.O.

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Mrs. NINA BARTON, S.R.N., S.C.M., H.V.Cert.

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Mrs. NANCY J. JOHNSON, S.R.N., S.C.M., H.V.Cert.

Miss MARY I. PHILLIPS, S.R.N., S.C.M., H.V.Cert.

Miss JOYCE M. PHILLIPSON, S.R.N., S.C.M., H.V.Cert. (from 17-10-61)

Miss PATRICIA A. TAYLOR, S.R.N. S.C.M., H.V.Cert. (to 30–9–61)

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Miss ENID CLOUGH
Mrs. MARY CRAPPER, S.E.A.N.
Mrs. DOROTHY DARWIN

Miss ELIZABETH GILL Mrs. BETTY PURVIS (app. 1-3-61)

Miss NORRIE A. SMITH

Mrs. JOAN STONEY
Mrs. MARY E. TOWNEND, S.E.A.N.
Mrs. JOAN M. TURNER

Miss KATHLEEN WRIGHT (res. 28-2-61)

Dispenser at Clinics—GEORGE WARRILOW

Principal School Dental Officer EDGAR COPESTAKE, L.D.S.

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Mrs. EDITH M. M. HAGUE, L.D.S. Miss AGNES M. THOSEBY, L.D.S.

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*COLETTE TAYLOR, M.B., B.S., D.A, F.F.A.R.C.S.

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Miss CLARE E. MARŁOW Miss CLARA L. MARSDEN Mrs. FRANCES MORRIS Mrs. AUDREY ROSS

(Five vacancies for Dental Attendants)

Oral Hygienist

(VACANCY)

Dental Technicians

CLIFFORD J. ATKIN (Senior) (Vacancy for Dental Technician) (Vacancy for Apprentice)

CHILD GUIDANCE CENTRE

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

NOEL E. WHILDE, M.Sc., F.B.Ps.S. (Educational Psychologist in charge) Miss EDITH M. FAWCETT, B.Sc.

(Educational Psychologist) Miss RUTH J. M. GARDEN, M.A., Ed.B., A.B.Ps.S. (Educational Psychologist)

DENIS LAW RENCE, B.A. (Educational Psychologist)

KENNETH A. SMART B.Sc., Ed.B.

(Educational Psychologist)

JOHN R. WILSON, B.A., B.Ed (Educational Psychologist) (res. 31-8-61) †*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,

D.P.M. (Psychiatrist) †*A. C. WOODMANSEY, M.D., M.R.C.P., D.P.M.,

D.C.H. (Psychiatrist) *Mrs. C. RÔSÉ HOLMÉS (Psychiatric Social Worker)

(Vacancies for Educational Psychologist, Psychiatric Social Worker and Psychotherapist)

SPEECH THERAPY CLINIC

Miss ANNE B. CHAPMAN, L.C.S.T.

(Senior Speech Therapist) (app. 1-3-61) Mrs. MARGARET R. LEE, L.C.S.T. (Assistant Speech Therapist) (res. 31-7-61)

Mrs. ANNE A. STOCKDALE, L.C.S.T. (Senior Speech Therapist) (res. 31–1–61)

(Vacancy for Speech Therapist and 2 Assistant Speech Therapists)

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Physiotherapist—(VACANCY)

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN

Miss KATHLEEN GRAYSON, S.R.N., Cert. in Housekeeping (Matron)

Miss MURIEL M. HARTLEY, S.E.A.N. (Resident Assistant Nurse)

MAUD MAXFIELD SCHOOL FOR THE DEAF Miss DIANA E. WALLIS (Matron-Housekeeper)

SHEFFIELD SCHOOL FOR BLIND CHILDREN

Miss ANNE CARTWRIGHT (Matron-Housekeeper) (res. 31-12-61)

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SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1.

(Telephone 26341).

(Note: *Denotes part time Officer + Denotes appointment by arrangement with the Regional Hospital Board).

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE:

I again have the honour to present a Report on the work of the School Health Service for the year which ended on 31st December, 1961. Essentially it recounts the efforts of the Education Department in promoting the maximum fitness of the scholars so that they can benefit fully from the education provided, and has as usual been built up on data compiled by the clerical and administrative staff of the School Health Service. The medical and nursing staff, under the guidance of Dr. Oates and Miss Dent, are the real workers in the field, and I provide a report on the harvest and mention some of the gleanings. The workers work in different fields and I feel that the Committee would welcome their comments on the fruits of their labour as they see it.

Several of the Medical Officers have commented on obesity, but I am not sure the extent to which this is a medical problem. Passing plumpness is commonly a part of normal adolescence, though undoubtedly many children who are persistently overweight carry their excess into adult life. Some children put on weight too rapidly even if they are not over-eating, but often they adopt the habits of their parents. There's many a family where it is considered normal for everyone to overfeed a good appetite.

The fat child is often at a disadvantage, particularly if there is an element of self-consciousness, which may reflect itself both in failure in games and school work. Some psychologists believe that obesity in childhood arises as a result of maladjustment—certainly the problem is a complex one about which we know relatively little. The results of treatment are often disappointing, presumably due to failure to accept the dietary regime advocated, although some of these children eventually lose their fat naturally and effortlessly, developing into very comely young men and women. Possibly more consistent results might be achieved in treatment through a closer co-operation with the general practitioner, and also by explaining more fully, both to parent and child, the long term dangers of excess weight. It is accepted that obesity in adults is a disadvantage from the point of view of expectation of life, although it is not known whether the condition in child-hood has any deleterious constitutional effects.

Dr. Oyler remarks on the trivial nature of many accidents referred to the School Clinics. In commending the cautious attitude of the teachers, I consider this a small price to pay for the safeguard it provides on occasions, and also for the relief of responsibility it affords the teachers.

Chronic infections of the ear are becoming considerably less prevalent, although there is a danger in assuming that all is well because, on examination in school, the ear appears normal. The follow-up of young adults has shown that a proportion continue to suffer intermittent discharging ears. This is hardly the place to dwell on the risks of otitis media, but suffice it to say that the closest co-operation is necessary between family doctor, consultant and school health service in minimising the damage to health and educational development resulting from acute infection in childhood.

Figures for minor ailments continue to fall slowly. Infectious conditions of skin and scalp are becoming less common. I notice, however, that the incidence of head lice discovered in schools has apparently increased and, while possibly too much should not be read into the findings of a single year, it draws attention to the intractable nature of this problem. I am not suggesting that there is any spectacular or easy solution but, considering the enormous effort made by the school nursing staff, the results, to say the least, have been disappointing. There is a hard core of 'dirty' families lying at the root of this problem, and here the louse flourishes oblivious to the finer distinctions of status observed by the Education Acts. These are often the same families that disregard what I believe are the educational attributes of every Act of Parliament. Continual exclusion and treatment of school children may minimise the risk to other pupils, but it does little to end the family infection. Greater education as to the nature of the condition is necessary, and also a wider search within the family circle, followed up by the treatment of everyone infected at the same time. The health visitor, general practitioner and public health inspector may have a part to play in this combined operation. While the condition provides problems in school, it is essentially a social problem.

The Principal School Dental Officer on pages 28 to 32 gives a forthright report. In an Authority such as Sheffield, the school dental service was built up before the war as a preventive service, with periodic dental inspection of all pupils and the offer of any necessary treatment. It comes as some surpise to learn from the national figures that there are more dentists in the school service today than in 1939, but this is little consolation to authorities which have suffered in the levelling down process. Of recent years the intake of dental students has been increasing—it is only a faint gleam of hope. The appointment of dental ancillary workers, though only possible on a small

scale, is also a welcome development and may go a little way towards arresting the deterioration which is apparent in the condition of children's teeth. Dental health education has been mentioned but nobody can at present say how effective it will be. The Standing Committee for Dental Health Education has approached this Authority with a view to co-operating in research on this subject. Although we have run into some heavy weather in arranging an adequate clinical assessment, it is hoped that the educational campaign and attitude survey will proceed. The Principal School Dental Officer has in the past recommended the fluoridation of the water supply as the only certain means of reducing dental caries, and a Report is likely to be published soon indicating the results of fluoridation in those areas where pilot schemes have been in operation.

Proposals were approved during the course of the year for the modification of the 'intermediate' inspection. As the revised procedure was not brought into operation until the beginning of 1962, I think it best that comment be left over until the matter can be discussed in the light of experience.

The tables on pages 71 to 79 follow the lines standardised by the Ministry, and I have refrained from tampering with the arrangement of the figures. I must say, however, that I find it very illogical for "abdomen" to follow "psychological" on the school medical record card, although one would agree that now "soul helps flesh no more than flesh helps soul."

Requests are received from time to time from the Ministries of Health and Education, and also the Medical Research Council, for co-operation in various investigations of possible scientific value. For example, in the current year there have been enquiries into the common cold, nutrition in large families, deafness, bronchitis and, as has been mentioned, dental health education. Teachers and the School Health Service are usually very willing to play their part, although obviously care must be taken not to interfere unduly with normal school life. Nevertheless, whether we like it or not, the cluster of young people in our schools is a tempting and, one must admit, appropriate group for promoting certain enquiries. It is very important to try to be certain that any enquiry undertaken, often at some trouble to the teacher and worry to the parents, is likely to produce some result—negative or positive—that will ultimately benefit the child.

Though not forming part of this Report, I would refer briefly to recent developments that are taking place in the Maternity and Child Welfare Service, which tie in with the work already being done by the School Health Service. Special clinics have been established for assessing handicap in young children and counselling parents on how best to meet the many

difficulties likely to arise. Several of the assistant medical officers are being trained with a view to parental guidance, with the aim of preventing maladjustment in later childhood. Recently a pilot scheme has been started which aims at bringing the mother with a potential problem relationship under closer scrutiny, even as early as the ante-natal period.

As soon as sufficient health visitors can be trained routine screening of babies 'at risk' will be introduced along the lines envisaged in a circular issued jointly by the Ministries of Health and Education on young children handicapped by impaired hearing. The facilities of the School Health Audiology Clinic have been made fully available for the examination of any young child suspected of deafness, the Local Health Authority being financially responsible for children under 2 years.

I feel sure—and I hope the Director agrees — that a good working relationship has been established between the Public Health Department, and the School Health and the other sections of the Education Department. Regular meetings to discuss current problems and possible developments are held, attended by my Deputy, the Deputy Director of Education and the Senior School Medical Officer, to which other officers of both departments are on occasions invited. There are very few, if any, matters on which we do not see eye to eye, when everyone has had the opportunity to recognise each other's points of view.

As usual but with the greatest sincerity, I would like to thank the teaching staff without whose assistance and forbearance the School Health Service would neither be understood nor accepted. Finally I would also like to express thanks to the Chairman and Members of the Child Welfare Sub-Committee, for the interest they show in the service, and for their concern for the health and welfare of the scholars for whom they are responsible.

LLYWELYN ROBERTS,

Principal School Medical Officer.

CITY OF SHEFFIELD

GENERAL INFORMATION

Population (as estimate	d mid-	1961)					494,650
Area		• •		• •			39,598 acres
Density of Population					• • •	12.49	persons per acre
Rateable Value			• •				£6,791,807
Education Rate							260·43d.
Penny Rate produces			• •	• •			£27,831
Primary and Secondary	School	ls (inclu	iding N	Tursery	Scho	ols)—	
Number of schools		6 0		• •			212
Number on rolls	• •	• •		• •	• •		69,273
Special Schools—							
Number of schools				• b	• •		16
Number on rolls						• •	1,299

CO-OPERATION WITH OTHER BODIES

" Nothing is so easy but it becomes difficult when done with reluctance."

lerence, "Heauton Timorumenus."

NATIONAL HEALTH SERVICE

Details of the specialist clinics arranged in co-operation with the Regional Hospital Board are given elsewhere. Liaison with the hospitals and general practitioners is maintained by letters and personal discussions. Conditions reported to the general practitioners following the medical examination of school leavers are as follows:—

Defects					No.	OF CHILDREN
Defective vision					• •	97
Defective colour vision		• •				76
Other abnormalities of the	ne eyes		a •			2
Orthopædic lesions	0 +					37
Otitis media				• •		10
Deafness						44
Other E.N.T. conditions	• •			• •		17
Chest conditions						35
Debility						9
Speech defects	• •			• •		3
Migraine						3
Heart conditions					• •	18
Epilepsy						8
Petit mal						5
Obesity						6
Rheumatism			* •			8
Skin conditions	* *					8
Nephritis						3
Diabetes						2
Other conditions	• •			• •		24
						415
						415

This represents a percentage of $8\cdot 3$ of the school leavers, as against $7\cdot 6^{\circ}_{70}$ in the previous year.

Parents, Teachers, Education Welfare Officers and Others

At the periodic health inspections, 10,538 (12,549) parents attended with their children. This is equivalent to $48\cdot1$ (55·0) per cent. attendances with boys and $58\cdot5$ (63·9) per cent. with girls. The figures for last year are given in brackets.

An effective school health service could not be provided without the willing co-operation of teachers, inspectors and education welfare officers. Thanks are also extended to the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Council of Social Service and—not least—the parents themselves for all their valuable help.

Also, thanks must be given to the local press for the realistic and sympathetic approach which is given to all matters concerning the School Health Service.

Once more the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made full use of the Fairthorn Convalescent Home. During the period 13th March to 22nd December, when the house was open, 93 boys and the same number of girls were there for convalescent treatment. In addition to this, 93 children selected by the teachers went there during the summer vacation. Most of these were children who would not otherwise have gone away from home for a holiday. Prior to admission, each child was examined by a school medical officer and passed as free from infection and suitable.

PERIODIC HEALTH INSPECTIONS

"I beg your pardon, I didn't recognise you—I've changed a lot."
Oscar Wilde.

Little comment is necessary, as in future the routine examination of all 11-year-old children is being replaced by the selective method, as was advocated in the Report for 1960. The routine examination of all entrants and leavers will continue in accordance with existing arrangements.

The number of children examined at the periodic health inspections held during 1961 was:—

Entrants		* *	* *	 	• •	6,159
Intermedi	iate Gr	oup		 		8,779
Leavers	• •	• •		 		5,002
						19,940

The main statistics will be found on pages 71 to 73, the findings being given in accordance with the Ministry's requirements.

The number of children (1960 figures in brackets) found at periodic health inspections to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease) was $3{,}012$ ($3{,}475$), or $15 \cdot 1$ per cent. of those inspected. In addition $4{,}129$ ($4{,}747$) were referred for further medical supervision.

At the "follow-up" examinations which take place the year after the periodic health inspection 5,370 (5,877) children were examined.

There were 574 (1,194) cases selected at survey inspections, of whom 240 (227) were found to require treatment.

REPORTS FROM SCHOOL MEDICAL OFFICERS

"They will chew our meat for us."

Montaigne, "Essays."

The following embody some of the comments that have been made by the School Medical Officers:—

Dr. J. Greer reports :-

"The health of the children in this district continues to be satisfactory and goes hand in hand with further material signs of prosperity amongst the population as a whole.

There are still too many markedly overweight children and too few who co-operate by using a reducing diet when advised to do so.

Those who make an attempt are invariably pleased at the resultant improvement in their general well being. Most find that once established upon the right lines keeping to the diet becomes second nature to them."

Dr. Hill reports :-

"The standard of health in the schools of the Greenhill area continues to be good. The number of cases of acute otitis media was less than in the previous year and the chronic cases responded well to treatment.

An increased number of children were referred for formal testing with a view to admission to special schools for the educationally sub-normal.

There was one mild outbreak of chicken pox during the year."

Dr. Oyler reports:—

"I have searched for information of outstanding value or interest in connection with the state of health of the children seen by me during 1961. However, I find I must join the ranks of negative reporters, for I do not feel that there has been any very marked change compared with 1960. There does seem to have been a decline in the numbers of children recommended for the Fairthorn Home. Obviously, one cannot draw deductions from an impression gained in such a brief time, but it occurs to me that the rehousing of so many families may very probably be showing results in this aspect of general health.

No doubt this is out of place—and certainly it is a vain cry—but I would like to take this opportunity to deplore the sending of children to clinics after utterly trivial mishaps at school. This is not a reflection on the School Health Service, of course, but on the present day necessity for avoiding responsibility in case of litigation. Apart from the futility of such action, I feel most strongly that it is extremely bad for children to be brought up—and educated—in the atmosphere of such an outlook."

Dr. Pilkington reports : --

"I have to report a relatively quiet year at the Attercliffe Clinic. There has been a marked reduction in the number of discharging ears. This condition appears to be clearing up more quickly than in the past and even the chronic cases have had clear periods. I wonder whether this could be related to the Clean Air Act. I have a marked impression that Attercliffe is much less sooty than it used to be."

Dr. Sarginson reports:—

"The type of work done in school clinics such as Manor has changed somewhat over the years. Today, fortunately, few children attend with acute illness. Unhappily there are still some mothers who will not attend their family doctors with a sick child, and who will wait several days to bring him (or her) up to the clinic. This is especially true of children with otitis media and respiratory infections.

It is difficult to see how this 'laissez faire' attitude can be changed. The population using this clinic is drawn largely from housing estates which were built as part of pre-war slum clearance schemes. Owing to the housing shortage there are many three-generation families where grand-parents seem to have complete authority over the children. Thus incorrect attitudes towards illness and health are perpetuated.

With this background, it is not surprising that the incidence of secondary poverty is high. Father's true wage is commonly concealed and much is spent on alcohol and gambling. This reflects on the children in that a large number still have inadequate clothing and suboptimal feeding. To be sure, these children are a minority group but they give rise to much concern.

At the other end of the scale there are several grossly overweight children. Usually there is a history of overeating (often familial). Where a desire to reduce is present (mainly in 'teenagers') dietary advice is given to child and parent. The success of this advice seems to bear a direct relation to the degree of keenness to reduce.

The most universal defects noted in clinic attenders concern footwear. All kinds of defects are seen. They include defects of size, shape, quality, unsuitability to prevailing weather, and occasionally extreme disrepair. Less than half the children are taken to the shop so that shoes may be fitted, and probably not one in ten have the feet measured. Considerable apathy is present in many parents even when the defects are pointed out. As well as the local shop with untrained staff, the emergence of cheap, moulded plastic shoes and the increase in mail order stores are important factors in this unsatisfactory state of affairs.

It may appear that in the future the role of the School Doctor will develop more along the lines of inculcating attitudes of positive health than those of treatment of disease."

Dr. Skerritt reports :—

"The health of the children in Shiregreen and Southey areas has been very satisfactory on the whole. We have had no serious epidemic.

The cleanliness of the children has improved, but this may in part be due to the fact that fewer long-distance pupils are being admitted into schools in this area.

Physically they reach a good average, though several cases of obesity are still having treatment. Skin and minor ailments have been fewer and less severe.

This district is being used as an area for investigations into the causation of common colds."

GENERAL CONDITION

This classification, though primarily concerned with physical fitness, also includes poise and general demeanour. The percentages found to be unsatisfactory were, boys, $\cdot 17\%$, and girls, $\cdot 11\%$. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 66 to 70.

Sheffield is one of several areas chosen for an enquiry, sponsored by the Ministry of Health, in connection with trends of growth among school children. The National Food Survey records show a more or less steady fall in the intake of protein by the nation as a whole, and large families appear to be in a less satisfactory position than others. The first demonstrable effect of such malnutrition would, according to the experts, take the form of a check to growth. Thus the scheme is to work out whether fuller information about the growth of children in large families can be obtained. From January, 1961 this data is being collected for various age groups at the periodic health inspections, and the investigation will last for five years.

During the year information regarding the heights and weights of Sheffield school children was also given to Dr. Anis Mohammed Ali (Department of Public Health and Preventive Medicine, University of Khartoum) to enable him to make a comparison with Sudanese Children.

"The child that is not clean and neat."
R. L. Stevenson, "Poems of Childhood."

The figures obtained at the periodic health inspections are given below. These findings should be read in conjunction with the Cleanliness Survey carried out by School Nursing Sisters (see page 42), and suggest some failure to maintain the high standards of recent years.

	7
I LAMMINAGO AT H	aad
Cleanliness of H	euu

3			CLEAN	Infected Hair			
			per cent.	per cent.			
Boys	1945	 	$97 \cdot 04$	$2 \cdot 96$	(Nits $2 \cdot 81$	Lice	· 15)
2	1958	 	$99 \cdot 45$	·55	$(,, \cdot 54)$, ,	$\cdot 01)$
	1959	 	$99 \cdot 59$	· 41	(,, 39	,,	$\cdot 02)$
	1960	 	$99 \cdot 56$	$\cdot 44$	$(\ ,,\ \cdot 43$, ,	$\cdot 01)$
	1961	 	$99 \cdot 41$	• 59	(,, ·58	,,	.01)
Girls	1945	 	$83 \cdot 24$	$16 \cdot 76$	(,, 15.83	, ,	.93)
	1958	 	$97 \cdot 54$	$2 \cdot 46$	$(,, 2 \cdot 45)$, ,	$\cdot 01)$
	1959	 	$98 \cdot 05$	1.95	(,, 1.92	, ,	.03)
	1960	 	$98 \cdot 46$	$1 \cdot 54$	(,, 1.54)	,,,)
	1961	 	$97 \cdot 04$	$2 \cdot 96$	(,, 2.95	, ,	$\cdot 01)$

Cleanliness of Body

			CLEAN	Dirty	Body Lice
			per cent.	per cent.	per cent.
Boys	1945	 	99.56	•41	• 03
J	1958	 	99.98	$\cdot 02$	_
	1959	 	99.98	.02	
	1960	 	99.98	$\cdot 02$	
	1961	 	$99 \cdot 87$	·13	
Girls	1945	 	99.65	.30	0 - 5
	1958	 	99.97	.03	
	1959	 	99.98	.02	_
	1960	 	99.98	$\cdot 02$	
	1961	 	99.98	.02	

EYE DEFECTS

The number of children found to have defective vision at the periodic health inspections are detailed below:—

		Number	Defective
		examined	vision
Boys	 	10,417	1,365 (13.1%)
Girls	 	8,657	$1,150 (13 \cdot 3\%)$

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9 and 13 is tested by the school nursing sisters. In effect, this means that the children's vision is tested every other year as a matter of routine. The school nursing sisters referred 443 (414) children to the medical officers at the clinics; of these, 251 (261) were found to require examination by the ophthalmologist and 149 (119) were kept under observation. No treatment was found to be necessary in 35 (18) cases; the parents of 8 (16) children elected to have treatment through their general practitioners.

(Figures for previous year in brackets)

SCHOOL BUILDINGS

New schools completed during the year are Rollestone Junior and Infants Schools and Gleadless Valley Secondary School.

Improvements have been made to six schools and provision of new kitchen/dining/classroom accommodation made to three others. Additional laboratories have been provided at one grammar school and extra dormitory accommodation has been made at the School for the Blind.

It may be interesting to read the note that was made by a School Medical Officer after a Periodic Health Inspection:—

"The examination was held in the Medical Room, allegedly constructed for that purpose. Its sounding-box qualities and the continuous interruptions from those who, quite legitimately, come to and from the Deputy Head's study means that work has to be carried out in a turmoil of noise and with the minimum of privacy. All this has been said before and can only be repeated in the hope that this absurd arrangement will be avoided in future planning.

The cheerful co-operation of the staff (particularly the Deputy Head-master whose study has to be incorporated in the Medical Room) is worthy of special note and mitigates the conditions under which examinations are made."

OPHTHALMIC TREATMENT

"Grant me clear sky and to see with my eyes."
Homer, "Hiad: Ajax' prayer to Zeus."

Mr. Ferguson, the Ophthalmologist, contributes the following:

"This prayer has its counterpart today when one refers to people with exceptional qualities as men of vision or breadth of view. Those with few qualities are referred to as short sighted.

Eyes are not always perfect and young children have no standard with which to compare their sight. Many apparent defects, mental and physical, may be found to be due to lack of normal sight.

Infectious conditions of the eyes are rarely seen; 'red'eyes now are usually due to some other cause.

As has been the case for many years, there are no children in the partially sighted school because of high myopia per se; they all manage at ordinary schools. In the Blind school one third of the cases are of retrolental fibroplasia, and it is the commonest single cause of blindness amongst children there.

The early diagnosis and treatment of squints is an important function of the eye clinic.

With regard to amblyopic (lazy) eyes, the lazy eye must be made to work with the good eye producing one single image. If this is not done subconciously by the child, the lazy eye is not likely to improve; in about 15% of cases this is so, in spite of the eye being apparently healthy, and in our present state of knowledge we can do nothing about it."

Spectacles

There were 2,786 pairs of spectacles prescribed. In addition, 12 repeat prescriptions were issued.

Summary of Work

	Cases	Attendances
Errors of refraction :		
Hypermetropia and hypermetropic astigmatism	954	1,049
Myopia and myopic astigmatism	1,364	1,376
Mixed astigmatism	150	151
Anisometropia	188	192
Congenital defects	220	242
Inflammatory conditions	21	23
Injuries	9	1()
Squint:—		
Strabismus, convergent	283	310
Strabismus, divergent	32	39
Phoria	9	\mathcal{E}
Other	7	()
No apparent defect	100	100
	3,337	3,510

Total children under care of ophthalmic clinic	5,050
Percentage of population of schools	7 %
Glasses prescribed	2,786
Replacements and repeat prescriptions	12
Referred to Orthopists	184
Treated otherwise	60
Under observation	158
Not seen this year	1,713
New cases seen in 1961	1,032

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1960 numbered 413. Of the 184 children referred during 1961, 180 became registered patients, the total attendances made by all cases being 1,756. 82 cases were discharged during the year leaving 511 cases still open at the end of the year.

The details of the discharges are as follows:—

After investigation, found to	be uns	uitable	for tre	eatment	 8
Cured					 28
Cosmetically satisfactory				4 4	 11
Left district or transferred					 10
Failed to attend					 21
Treatment refused					 4

EAR, NOSE AND THROAT DEFECTS

"He cannot understand, his hearing's gone."

Ben Jonson, "Volpone."

As before, Mr. Peasegood, the Aural Surgeon, attended the Central Clinic for one session each week to see cases referred to him by the School Medical Officers. Dr. Swallow, the School Medical Officer in charge of the Clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, Speech Therapists also have the opportunity of discussing cases in which they are interested.

The total number of children seen during the year was 407 (516) and of those 329 (363) were new cases. The children made 513 (705) attendances. The total number of operations performed was 245 (238), 177 (216) being for tonsils and adenoids only. The figures in brackets refer to the numbers for 1960.

In addition, the hospitals have supplied their figures for operations for tonsils and adenoids:—

Royal Hospital	 	• •	• •	 	255
Children's Hospital	 			 	150
Tonsillectomy Unit	 			 	835

The following table gives an analysis of the reasons for attendance at the clinic:—

Deafness						 81
Otitis media .						 7
Tonsils and adenoi	ds				• •	 167
Tonsils				• •		 23
Adenoids						 12
Other conditions						 85
Consultation—no t	reatmen	t advised	l at pre	sent		 32
						407

AUDITORY TRAINING CLINIC FOR YOUNG DEAF CHILDREN

Dr. Swallow reports :--

"January to December, 1961:—

Average number of children attending each wee	ek	 5
Current cases brought forward from 1960		 9
New cases during the year		10

These cases were referred from:

Paediatrician		 	 3
Otologist		 	 4
General Practitioner	• •	 	 1
Maternity and Child Welfare	Clinics	 	 8
West Riding Medical Officer		 	 1
School Medical Officer	o 6	 	 2
			19
			====

Of the new cases, five have been found to be profoundly deaf and seven partially deaf. The others are still under observation.

During the year, six children were provided with hearing aids, five were admitted to the Maud Maxfield School Day Nursery and one admitted to the Boston Spa Residential School for the Deaf.

One other case was taken over by the West Riding Authority and admitted to the Doncaster School for the Deaf.

Auditory training is given at each session but, as we only have a teacher of the deaf present on one day each week and the number of children attending the clinic is relatively large, the interval between training periods is sometimes longer than one would wish.

We find parents extremely co-operative and they attend the clinic over long periods very willingly.

During the year we have had many visitors to the clinic, including five doctors from the West Riding area.

Mr. Young sent members of his team from the Ear, Nose and Throat Department at the Children's Hospital, visits also being made by Dr. Holt and members of the staff of the Cerebral Palsy Unit at Ryegate.

Visitors are welcome but it is difficult to accommodate more than one at a time, due to our somewhat cramped conditions. Unfortunately, the situation of the clinic does not enable us to have an observation window."

ROUTINE TESTING OF HEARING

The systematic testing of hearing of apparently normal school children, was commenced in this City in 1937. The present method of sweep testing using a pure-tone audiometer was introduced in 1955. Briefly stated, the intensity of sound used is 15 decibels, and the operator sweeps through the range of speech frequencies from 125 to 8,000. Thus, children unable to hear this are quickly screened out for further investigation.

The audioscope is used to examine those children who fail the test, with a view to detecting cases where impaired hearing may be due to wax in the ears (if wax is found this is removed and the hearing retested at a later date). The other failures are at once carefully retested to find the threshold of hearing for each tone—that is the point at which the child first hears or fails to hear. Where the degree of deafness merits it or treatment is required, parents are advised to take the child to a general practitioner or school clinic, where a consultation may be arranged with an otologist.

PURE TONE AUDIOMETRIC TESTING FOR THE YEAR JANUARY, 1961 TO DECEMBER, 1961

All testing was done at the Central School Clinic. The total number of hearing tests carried out on the pure tone audiometer was 1,052. Of these:—

- 1. 312 were old cases retested from previous years.
- 2. 119 were retests of the present year.
- 3. 99 came forward through the sweep testing of 7 year old group in schools.
- 4. 522 were new cases referred for testing this year.

These children were referred from:—

School Medical Officers	at Br	anch Cli	nics a	nd Perio	odic H	ealth	
Inspection in School					= .		420
Speech Therapist							18
Head Teachers							36
Maternity and Child We	elfare	Clinics					2
Paediatrician							3
School Nursing Sisters							14
Parents' Requests				• •			10
Other Authorities							19
							522
	Inspection in School Speech Therapist Head Teachers Maternity and Child We Paediatrician School Nursing Sisters Parents' Requests	Inspection in School Speech Therapist	Inspection in School	Inspection in School	Inspection in School	Inspection in School	Parents' Requests

Analysis of these results is as follows:—

			Unilateral loss	Bilateral loss
1.	Slight loss 1-20 De	ecibels	 36	34
2.	More than 20 De	ecibels	 73	40
3.	More than 30 De	ecibels	 44	30
4.	More than 40 De	ecibels	 22	7
5.	More than 50 De	ecibels	 4	1
6.	More than 60 De	ecibels	 12	Annual Control of the
			191	112
-	Proj.		303	
1	Those found to have	re no loss	 219	
			522	

Of the above children who attended School Clinics, 110 were referred to the Otologist working in the Central School Clinic, treatment prescribed being as follows:—

1.	Tonsils and adenoids removal					33
2.	Tonsils dissection		• •			3
3.	Removal of adenoids					2
4.	Politzerisation					15
5.	Breathing exercises					1
6.	X-Ray of sinuses			• •		11
7.	Bilateral antrum washout					3
8.	Toilet and neocortef drops, etc.					2
9.	Removal of aural polyp					1
10.	To be observed at future dates an	d for a	retest	of hear	ring	24
11.	Special educational treatment in	school				2
12.	No treatment required			• •		13
						110

Eight hearing aids were prescribed and all these children are receiving lip reading instruction. Of the remaining children found with hearing loss, some have attended their own general practitioner, Hospital, other Authorities, or are receiving treatment at school clinics.

Weekly visits have been made to the Maud Maxfield School for the Deaf. 86 children were tested on the pure tone audiometer, a copy of the audiogram being attached to the health record in school.

PURE TONE SWEEP AUDIOMETRY-SEPTEMBER, 1960 TO JULY, 1961

School children aged seven to eight years have been tested between September, 1960, and July, 1961.

Total number tested was 5,560.

82 failed to reach the required standard and pure tone tests were completed and referred to the general practitioners or to the Branch Clinic for further investigation.

365 children were absent and were offered a further appointment to attend the Branch Clinic for testing.

44 failed to attend and these children will be tested in school next year.

Special Schools

Visits were made to Special Schools, where all children suffering from cerebral palsy had pure tone tests because it has been found that they may suffer from deafness. Unless detected and dealt with, this may aggravate unnecessarily what is already a serious handicap. Two children were seen by the otologist and were prescribed hearing aids and lip reading tuition.

SPEECH THERAPY

"Alice had not the slightest idea what latitude was, or longitude either, but she thought they were nice grand words to say."

Lewis Carroll, "Alice's Adventures in Wonderland."

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist:—

J , , , , , , , , , , , , , , , , , , ,		1		L	
"ANALYSIS OF WORK CARRIED OL	ום דנ	JRING	1961		
Cases open on 1st January, 1961					281
Cases on waiting list 1st January, 196	31				37
Cases referred during 1961					119
					407
					437
Cases closed during 1961					179
Cases open on 31st December, 1961					158
Cases on waiting list 31st December,					100
					437
INTERVIEWS					
Treatment interviews with children					2,046
Diagnostic interviews with children					49
Interviews with parents					700
Interviews with other members of Sch	nool H	ealth S	ervice		113
Recall interviews after discharge					49
Visits made by Speech Therapists to so					41
CHILDREN REFERRED FOR SPECIAL	FUF	THER	INVE	STIGAT	ION
To Educational Psychologist for menta	al asses	sment			17
For Audiometer test					6
For E.N.T. examination		9 0			3
To Child Guidance Clinic for opinion a	nd trea	atment			6
For neurological examination					1
Tot hear orogical examination	• •			• •	1
REASONS FOR CLOSURE DURING 1961					

I. Treatment Cases

					A	В	С
*1.	Good result		• •		14	3	51
2.	Further improvement unlikely	/	0 4		10		29
3.	Left school or district				5		6
4.	Non-attendance		a #		2	1	8
5.	At parents' request	• •	a 0		3	were week to be a fine of the second	6
6.	Parent or patient unco-operative				2	******	
7.	Treatment obtained elsewhere			• •	4		8
8.	Unsuitable for Speech Therapy			• •	2	1	5
9.	Attendance not possible			0 6	1		2

 $\Lambda = Stammer$; B = Stammer + Speech Defect; C = Speech Defect. (*All cases in this category are given a period of supervision prior to closure).

11.	Observation Cases					
	Treatment not indicated after super-	vision				4
	Treatment not indicated at prelimin	ary in	terview			1
III.	Diagnostic interview not kept	• •	6 0		• •	8
IV.	Removed from waiting list (Treatment no longer required)				• •	3
	Number of cases		• •	337		
	Number of attendances		2	2,957		

1961 has been an unfortunate year for the Speech Clinic. At the beginning of the year, there were three therapists, but Mrs. Stockdale, my predecessor as Senior Speech Therapist, left in January, followed by Mrs. Lee in July. This left one therapist instead of four, and as a result the waiting list rose during the year from 37 to 100.

It was very disappointing to have to discontinue the sessions at Branch Clinics at Easter, and this caused the suspension of treatment or regular supervision interviews for 17 children who are unable to attend the Newbould Lane clinic. Since then Attercliffe, Greenhill and Manor clinics have each been visited once to keep these cases under review.

During the year, each of the schools for educationally subnormal children has been visited to enable progress to be checked and the cases discussed with the staff. Two visits have been made to Arbourthorne North School for Physically Handicapped Children. It is encouraging to note that, in spite of suspension of treatment sessions at these schools, most of the children have maintained progress, and this is undoubtedly due to the interest and co-operation of the Head Teachers and their staffs.

I look forward hopefully to the time when we are again fully staffed and able to resume a normal service."

SCHOOL DENTAL SERVICE

"It is the very evitability of events which gives tragedy its pattern."

Herman Melville, "Sunday Times."

By Mr. E. Copestake, L.D.S., Principal School Dental Officer.

"The school dental service needs dentists more urgently than annual reports. As the former become fewer in number, the latter will be increasingly difficult to provide. There are now one or two local authorities for whom it is sufficient to say that, because school dental officers are no longer employed, the school dental service has passed away.

I can remember the occasion when a County Council advertised a vacancy on its dental staff and received more than 300 applications for the appointment. But that was before 1948, when with the advent of the National Health Service the Minister of Health declared the dental treatment of children and expectant and nursing mothers to be a priority service. No guarantee was given, however, that it could or would be provided. Nor in the face of the elegant remuneration which was and still is offered to private practitioners and hospital staffs, could local authorities compete for dentists in order to fulfil their statutory duties. 'It is the very evitability of events which gives tragedy its pattern.' We might be sorry that the accident has happened, but distressed that it could have been avoided.

RECRUITMENT OF STAFF

It was reported in 1921 that a fourth dental surgeon had been appointed. Sheffield was at that time in considerable advance of many other local authorities. Three dental dressers, the forerunner of the present day dental auxiliary workers, were employed, and in 1919 Dr. Chetwood was far sighted enough to report to the Committee that 27 dental surgeons were required. In 1961, only six dental staff were employed but attempts at progress were still being made.

In April, we were fortunate to obtain the services of a fully qualified medical anæsthetist for three sessions a week, and one school medical officer offered his services in March and gives anæsthetics on one session per week. There have been no other changes of staff.

DENTAL HEALTH EDUCATION

In September, Sheffield was invited by the Ministry of Health to launch a pilot scheme in Dental Health Education. This was accepted in principle and arrangements for it to be carried out were still being discussed at the end of the year.

Dental Health Education is designed to avoid the unpleasantness of dirty teeth, progressive gingivitis and tooth decay. The statistics relating to the loss of permanent teeth in school children are depressing but those for young adults are distressing. The purpose of this pilot scheme is to assess the extent to which school children can be influenced to adopt regular habits of dental hygiene and limit the eating of sweets and biscuits between meals. An appraisal of the effects of a dental education programme will be made from the findings of clinical examinations and attitude surveys carried out before the campaign is launched and, again, after it has been in progress. For purposes of evaluation, a similar assessment will be made of a comparable group of children in a control area where the dental health education programme is not undertaken. We would agree that children are more attractive with clean than with dirty teeth and that they can be expected to eat school dinners with more relish if the edge were not taken from their appetites by what they buy and eat from the school 'tuck shop.' We might accept this as a statement of fact, but to declare that the established habits of children can be materially altered by what, after all, can be no more than a superficial programme of dental health education may only be regarded as wishful There are many other factors involved, some of which, and here we might recall the advertisements appearing on ITV programmes, have a very significant effect on children's likes and dislikes. The results will depend very much indeed on the efforts of teachers and the wisdom of parents.

Dental health education on a large scale is expensive and time consuming. If the results of this campaign prove to be of negligible value, it might well be abandoned except as forming part of the instruction given in schools on general personal hygiene, and in the clinics as an incidental addition to dental treatment. Were every child in Sheffield to receive regular and comprehensive dental treatment, they would become proud of their teeth, and little more than the regular contact and personal influence of school dental officers would be needed.

INSPECTION AND TREATMENT

With the onset of toothache, no one forgets that treatment is an excellent thing, and it is offered for the relief of pain to every child attending our schools. Complete treatment can only be given to a number which is strictly related to the strength of staff employed. In passing, it would be appropriate to mention that complete treatment may include the extraction of teeth, minor surgical operations, general and local anæsthesia, the regulation of teeth, the provision of dentures and the restoration of teeth by the insertion of synthetic, amalgam and gold fillings, in addition to porcelain and other crowns.

To supplement the work of dental officers, an application was made early in the year to the General Dental Council offering to employ three of the auxiliary dental workers now being trained for the first time at the New Cross Hospital. A visit was made to the training school in September. Young women of an acceptable educational standard are being taught to fill children's teeth. As a preliminary to this, a pre-clinical training is given for one vear in theoretical dentistry, the preparation of visual media used in dental health education and the practice of preparing and filling teeth, which for this purpose are embedded in plaster in dummy heads. So far as could be judged during a short visit and conducted tour of the school, the accommodation provided and the theoretical and pre-clinical practical training left nothing to be desired. There are, however, and must be, very great difficulties associated in producing children as patients in numbers sufficiently large to give adequate clinical experience to some 60 dental students concentrated in one building. However, it should be borne in mind that these girls will still have had more clinical experience in treating and handling children than dental students have on leaving our University Dental Schools, where the majority of patients are adults. At the end of the year, the General Dental Council informed us that no dental auxiliary worker would be available for employment in Sheffield.

In March, Mr. A. E. Gisburn made a similar investigation to that which he made in 1957 at the Walkley School. For this purpose, he visited the Fox Hill Nursery and Infants School. Miss E. Askew, the Headmistress, was very kindly disposed to what was in fact a rather lengthy examination of 167 children. It is interesting to consider the figures below, bearing in mind the Annual Reports of the Chief Medical Officer to the Ministry of Health which lay stress on the very great part played by private practitioners, working within the National Health Service Regulations, in providing complete courses of treatment for children.

No. of children examined	Age in years	No. of teeth extracted	Teeth requiring extraction	Teeth requiring filling	Filled teeth	D.M.F. per child
13 40 40 52 22	3-4 4-5 5-6 6-7 7-8	0 30 45 58 25	10 33 84 128 59	21 75 74 94 28	0 0 5 0	$2 \cdot 4$ $3 \cdot 4$ $5 \cdot 2$ $5 \cdot 4$ $5 \cdot 1$

BAIAB

(The four upper and lower baby incisor teeth BAAB not included for children over five years).

This survey showed that at the time of examination 167 children needed the extraction of 204 teeth and that there were 292 other teeth which might well be preserved by fillings. Only one child had any teeth filled. Fox Hill is not a school visited annually by a school dental officer, and is situated so far away from a dental clinic that it is much more convenient for parents to take children to a private dentist. If any one doubts that a school dental service is still a very necessary part of an education department, a visit to such schools as this would do much to dispel those doubts. The Committee know that there is a very great need for developing the school dental service in Sheffield if our children are to be looked after in the same way as we are told they are in other parts of this country and in places such as America and Scandinavia.

During the year, dental officers visited 99(108) school departments and examined 23,001(25,632) children. In addition to these, 3,475 (3,967) referred for advice or the relief of pain by head teachers and others were seen in the dental clinics. Of the children examined at routine school inspections 56.5% were found to require treatment. Of those to whom it was offered, the extraction of teeth was accepted by 16% (17%) of parents and complete treatment by 34% (34.4%).

(The figures shown in brackets relate to the previous year).

In previous reports it has been said that each year an attempt is made to ensure continuity of treatment for as large a number as possible. It is clearly a waste of time to visit all schools and ask parents to accept treatment which could not be given. For this reason, the same group of schools is visited each year. A noticeable reduction in the number of children found to require treatment has been observed so far as these schools are concerned. This appears as a very pleasant feature of continuous dental treatment. With an adequate staff, not only could this advantage be shared by all schools but, in addition, periodic inspections could eventually be made more frequently than once every twelve months. This is very desirable.

There has been a further reduction in the number of children attending the clinics for the relief of pain and sepsis. This could give rise to the following queries. Are the school dental clinics being discarded as a convenient source of treatment? This is possible. Parents from some areas are required to travel inconveniently long distances to reach a school dental clinic. But an extraction service is available at one clinic or another every day, and parents often report that extraction appointments with a private dentist have to be booked some time ahead. Are children crowding the waiting rooms of the private practice? There are some dentists who treat

more children than adults, but they are in the minority in Sheffield. In the majority of our schools, dental officers report very little evidence in children's mouths that any but a few obtain private treatment except very irregularly.

SUMMARY OF WORK PRODUCED IN THE DENTAL LABORATORY

Mr. C. Atkin, the full-time dental technician, reports the following work completed by him for children in the laboratory. In addition to this, he constructed 48 full and 23 partial dentures for expectant and nursing mothers, together with a number of special models used in the surgery for demonstrations.

Partial dentures		Removable appliances		Study Models	Fused porcelain crowns	Acrylic crowns	Gold inlays
109	16	55	38	16	12	4	18
(131)	(15)	(53)	(22)	(39)	(8)		(18)

(The figures in brackets relate to the previous year).

IN CONCLUSION

An account has been given of a year eventful only in that two members of the staff were invited by the Ministry of Health to take part in discussions on the re-organisation of the school dental service. It is believed that only once before have medical and dental officers from local authorities taken part in such a discussion, and that was some 35 years ago. No progress can be recorded as having been made towards a better and more complete service in Sheffield. It is known that a new dental school is under construction in Wales and that other schools are being enlarged or rebuilt to increase the number of newly qualified dentists entering practice each year. With a small surplus of dentists available to introduce competition into the field of private practice we might expect to have considerably less difficulty in recruiting dental staff. This will be something to which we can look forward."

ORTHOPÆDIC AND POSTURAL DEFECTS

"For they themselves can endure the best Who in their form are the shapeliest."

"Poems of the Western Highlanders (The Aird)."

ORTHOPAEDIC CLINICS

The orthopædic clinics followed the usual pattern, the greatest number of children having minor defects. 222 children were seen and 26 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below:—

Pes cavus (Pes planus.) Pes valgus (Genu varum) Genu valgum (Sengenital deformities:— Claw toe (Claw toe) Torticollis (Claw foot) Scoliosis (Claw foot) Hallux rigidus (Claw foot) Hallux valgus (Coverlapting foot) Overlapping toes (Coverlapping foot) Deformed toes (Coverlapping foot) Foot strain (Exostosis metatarsalis) Schlatter's disease (Hemiplegia) Others (Coverlapping foot) Nil abnormal found (Cases) 2 (Cases) ATTENDANCES (2 ATTENDANCES (2 New cases (1 Old cases (1 Cases discharged (2 Cases transferred to hospital (2 Operations advised (2 Operations performed (3 New appliances ordered (3 Repairs to appliances		Cor	nditions						Number cases
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Pes cavus (a) Pes planus. (b) Pes valgus (c) Genu varum (c) Genu valgum (c) Congenital deformities:— (c) Claw toe (c) Torticollis (c) Claw foot (c) Scoliosis (c) Hallux rigidus (c) Hallux valgus (c) Overlapping toes (c) Deformed toes (c) Foot strain (c) Exostosis metatarsalis (c) Schlatter's disease (c) Hemiplegia (c) Others (c) Nil abnormal found (c) CASES (c) ATTENDANCES (c) Power cases (c) Old cases (c) Cases discharged (c) Cases transferred to hospital (c) Operations advised (c) Operations performed (c) New appliances ordered <th></th> <th>• • •</th> <th>• •</th> <th>• •</th> <th>• • .</th> <th></th> <th></th> <th></th> <th>1</th>		• • •	• •	• •	• • .				1
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New cases		Са	SES	• •					222
Old cases		Ат	TENDAN	ICES	• •	• •	• •	• •	262
Old cases	v cases .		• •						106
Cases discharged	C2505								116
Cases transferred to hospital		• • •	• •		• •	• •	• •	• •	
Operations advised				• •			• •		63
Operations performed	es transferred t	to hospita	ıl		• •		• •		26
New appliances ordered	rations advised	d		• •	• •			• •	2
Repairs to appliances	rations perform	med		* *	• •		• •		1
Tepation of appliances	v appliances or	dered							130
	airs to applian	ices							14
Cases receiving treatment									59
			• •	• •	• •	• •	• •	• •	163

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINIC

Dr. Herzog, the Surgeon Superintendent at the King Edward VII Orthopædic Hospital, reports:—

"On the whole the downward trend is being continued and this in spite of the fact that there was something of a polio epidemic this year. We have had about twenty cases from Sheffield, but many of them were under 5 years of age and, therefore, do not appear in the figures for school children."

The following information is supplied in respect of the years 1960 and 1961:—

Hospital:—		
In-patients.	1960	1961
Number of school children treated for non-tubercular		
conditions	91	81
Number of school children treated for tuberculosis of		
bones and joints	2	5
Out-patients.		
Number of attendances made	489	386
CLINICS:—		
New cases of school children who attended this year		
Number of attendances made	165	146

CHIROPODY CLINIC

This clinic continues to be well attended. 946 new and 64 old cases were treated during the year, involving 2,167 attendances. At the end of the year, 30 children were still in attendance.

HEART DISEASES AND RHEUMATISM

'Such an ache in my bones.''
Shakespeare, ''Troilus and Cresside,'' V.iii.

Dr. Lorber, Reader in Child Health at the Sheffield Children's Hospital, reports that heart clinics were held at Leopold Street as in previous years and have continued on the usual lines. The figures are as follows:—

Condition	New cases	Old cases	Attendances
1. No Rheumatism or Heart Disease (a) Functional murmurs (b) Physiological arrhythmias (c) No cardiac signs	19 2 5	9 4 2	28 6 7
2. RHEUMATIC FEVER. (a) Active { with without } heart affection (b) Inactive { with without } heart affection	$\left\{ \begin{array}{cc} - \\ 2 \\ 2 \end{array} \right.$	$\frac{3}{6}$	$\frac{3}{-8}$ 10
3. RHEUMATIC CHOREA. Active $\left\{\begin{array}{c} \text{with} \\ \text{without} \end{array}\right\}$ heart affection	{ —	1 4	1 4
4. Congenital Heart Disease. Cyanotic { operated	 1 4	2 5 4 15	2 5 5 19
Totals	35	63	98

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

"Wounds cannot be cured without searching."

Francis Bacon, "Essays of Experience."

CHEST CLINIC

Dr. H. Midgley Turner, Senior Consultant Chest Physician, reports :--

"The fight to prevent and discover tuberculosis in the children of the community has continued at the Chest Clinic and investigations into the health of school children, insofar as chest conditions are concerned, have been made in close co-operation with the Principal School Medical Officer.

Contacts of known or suspected cases of tuberculosis are seen by the Chest Physicians at specific clinical sessions each week. Tuberculin testing is done with the Heaf Multiple Puncture apparatus. Negative reactors are given B.C.G. vaccination if the parents' consent is obtained, and during 1961,202 such children were protected. Positive reactors are X-rayed and kept under supervision where necessary.

All children who prove to be positive on routine tuberculin testing at school are X-rayed at the Chest Clinic and, if any abnormality is seen on the film, the child is recalled for clinical examination.

Brothers and sisters of tuberculin positive school children are tested and, if they are also found to be tuberculin positive, a vigorous search is conducted to find the source of infection, which is likely to be among the immediate circle of relatives, friends or neighbours. This is a proved and valuable way of discovering previously unknown cases of tuberculosis.

A session is held each Wednesday afternoon for children who are under supervision for treatment of primary tuberculosis. Children suffering from bronchitis, bronchiectasis, etc., are also seen at this Clinic.

During 1961, there were 2,980 attendances by school children at the Chest Clinic, exclusive of new cases. These were made up of 81 attendances of notified cases of tuberculosis and 2,899 attendances for observation.

New Cases

The number of new cases of school children examined at the Chest Clinic was as follows:—

Notified cases of	tuber	culosis	of the	lungs	 3
Contacts					 1,711
Suspicious cases					 126

Of the latter, 28 were referred by the School Medical Officers. Arising from the examination of pupils, 1,464 X-ray films were taken.

In connection with the Mantoux testing at school of children between the age of 13 and 14 for purposes of B.C.G. vaccination, it has been the practice to X-ray the positive reactor children and large numbers of such children were examined during 1961 at the Chest Clinic. It has now been arranged for the X-ray survey of these positive reactors to be carried out at the Sheffield Area Mass Radiography Centre, Ellin Street, and only such children as show abnormal X-ray films are referred to the Chest Clinic.

During the year 10 suspicious cases were admitted into sanatoria for observation and treatment. 48 Mantoux tests and 576 multiple punctures were carried out at the Chest Clinic, mainly on contact children.

The number of notifications of tuberculosis in school-children was:—

	Pulmo	nary		1	Non-P	ulmonary	
Males			5	Males			()
Females			6	Females			4

Two children of school age were found to have tubercle bacilli in the sputum or pleural fluid.

On the 31st December, 1961, there were 100 notified school-children on the Clinic Register."

B.C.G. VACCINATION OF SCHOOL CHILDREN

Dr. C. F. J. Ducksbury, School Medical Officer, reports :—

"During 1961, the scheme for the B.C.G. vaccination of 13-year-old school children was continued.

Number of eligible	childre	n					6,818
Consent received							6,124
% consent rate							89.8%
Absent							755
Already had B.C.G.							334
Number skin-tested	, exclud	ding th	ose wh	o have	previou	ısly	
had B.C.G.							5,032
Positive reactors							890
% positive							$17 \cdot 7 \%$
Negative reactors							4,142
% negative							82 · 3%
Number vaccinated							4,118

Comments

- 1. The consent rate remains high, this year being $89 \cdot 8\%$.
- 2. There was an absentee rate of $12 \cdot 3\%$. A few of these had left their schools, but about one third are children who failed to attend defaulter sessions during the summer. The remaining two thirds are those who were away during the autumn term vaccination sessions, and special sessions will be arranged for them in 1962.

3. The positive reactor rate amongst children who had not previously received B.C.G. vaccination has fallen slightly from previous years.

Year	1956	1957	1958	1959	1960	1961
Rate %	$23 \cdot 8$	18.3	$19 \cdot 3$	no testing	19.8	17.7

When children who have already been vaccinated are included amongst the positive reactors, the rate for 1961 rises to $22 \cdot 8\%$.

4. 24 negative reactors were not vaccinated due to other immunisations being in progress.

X-Ray of Positive Reactors

All positive reactors are given appointments to attend for a chest X-ray.

The results of the X-rays were as follows:—

Normal chest	 	787
Evidence of past tuberculous lesion, now healed	 • •	50
Active tuberculosis	 	2
Children to be kept under supervision	 	14
		853

These results consist of both large and miniature films. Until the summer large films were taken, but from September onwards miniature films were considered to be sufficient. The numbers of X-rays showing previous tuberculous lesions were much greater when a large film was used, only two being detected on the miniature films."

CHILD GUIDANCE SERVICE

"I recollect a nurse called Ann... a fine young man came up and kissed the pretty lass. She did not make the least objection. Thinks I, "Aha, when I can talk I'll tell Mama." And that's my earliest recollection."

F. Locker Lampson, "A Terrible Infant."

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge, Child Guidance Centre :—

"The work of the Centre has continued along the lines indicated in previous reports. The number of children referred during the year was somewhat lower than the record number of the previous year. This was largely accounted for by fewer children being referred by the Speech Therapists, due to the severely depleted staff. The number of cases closed during the year was 501—a record in the Centre's history.

The Hillsborough Branch Centre referred to in the last Annual Report came into use at the beginning of April. The premises provided by the Education Committee are excellent from a professional point of view and, of course, are much appreciated by parents who are saved the journey to the Newbould Lane Centre.

Dr. A. C. Woodmansey, Consultant Psychiatrist, was seconded to the Service by the Regional Hospital Board for six sessions per week, commencing in April. Two of these sessions are held at the Hillsborough Centre.

Mr. J. R. Wilson, Educational Psychologist, resigned and left the Service at the end of August. His loss was keenly felt and it was unfortunately impossible to replace him.

The appended figures refer to registered cases only. A good deal of advisory work was done which does not achieve this numerical status. Talks and lectures were given to students and other professional groups, and help was given to, and received from, other Departments, e.g., Education Welfare, Children's and Probation.

Number	of cases	registe	red du	ring 19	961 :				
	Girls							195	
	Boys							349	
									544
Analysis	of cases	s dealt	with :-						
	Cases c	closed 1	961					501	
	E.S.N.							31	
									532
	Cases o	pen 31	st Dec	ember,	1961			449	
	E.S.N.	cases o	pen		• •			225	
									674
	Cases o	n waiti	ng list	31st I	Decemb	er, 196	51		21

Reasons for closing cases in 1961:—

	0					
	Did not attend at all					17
	Consultation only			2	53	
	Consultation only (E.S.N. cases))			31	
						284
	After supervision					184
	Treatment-cases :					
	Further attendance imposs	ible				7
	Patient unco-operative		• •			1
	Parent unco-operative			• •		7
	Treatment completed					32
						532
						332
Analysis	of cases open 31st December,	1961 :				
	Under treatment					67
	Under supervision			2	295	
	Under supervision (E.S.N. cases	s)		2	225	
				-		520
	Under investigation					23
	Awaiting treatment (investigati	on com	plete)			64
						674

Reasons for reference of all cases.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Total
Number of children	23	27	110	384	544

Nervous disorders comprise such conditions as fears, shyness, depressions, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and other cases requiring educational guidance.

Sources of reference

	Head teachers	Parents	School Medical Officers	Thera-	Juvenile Court	Private doctors	Hos- pitals	Others	Total
Number of children	422	28	24	21	21	9	11	8	544

Age range on reference

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of children	2	5	40	58	152	93	56	28	36	25	21	17	8	3	544

Intelligence quotient range of all cases closed during the year (excluding E.S.N. cases)

,	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children	26	56	118	120	78	48	19	14	22	501''

SCHOOL NURSING SERVICE

"I am too old to fawn upon a nurse; too far in years to be a pupil now."

Shakespeare, "Richard II," I.i.

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister.

"During the year, one nursing assistant left the Service on marriage. One full time school nursing sister and one nursing assistant were appointed, bringing the nursing staff up to full strength.

The number of health visitors working in the School Health Service as joint appointments remains at nine, and the congenial relationship with Miss Littlewood, Superintendent Health Visitor, and members of her staff has been maintained.

CLEANLINESS SURVEY

Despite the unremitting work of the school nursing sisters and the nursing assistants, the incidence of infestation of the hair remains much the same. The standard expected is high, and the majority of cases reported have one or two nits only; nevertheless, they cannot be said to be free from infestation.

The following figures give the results of the hygiene examinations carried out by the School Nursing Staff:—

(i)	Number of pup Boys Girls	oils exar	mined	:	26,481 25,714		52,195	
(ii)	Number of pup	oils four	nd to b	e in a	n			
	unclean or ve	erminou	s cond	ition:-	_			
	Boys			• •	664	$(2 \cdot 5 \%)$		
	Girls				1,838	(7·1%)	2,502	$(4 \cdot 8 \%)$
(iii)	Number of pupunsatisfactor							
	Boys				7	(0.03%)		
	Girls				8	(0.03%)	15	(0.03%)
(iv)	Number of puj	oils four	nd to 1	nave				
	unsatisfactor	y footw	ear:-	-				
	Boys		• •	• •	2	(0.01%)		
	Girls		• •		4	(0.02%)		(0, 04,04)
(v)	Number of hea	ads clea	nsed :-				6	(0.01%)
` /	Boys			• •	303			
	Girls	• •	• •	• •	627		930	

703 notices were sent to parents of boys, the corresponding figure for girls being 2,094. Quite often, follow-up is necessary and comparative figures for second notices are 162 (boys) and 407 (girls), and for third notices 15 (boys) and 52 (girls).

SPECIAL SCHOOLS

The Sisters have paid regular visits each week to these schools to advise on the health problems and give treatment as required. Simple physiotherapy for chest conditions is an important part of the treatment in the schools for delicate children, and much of the time spent is on this aspect of the work.

In the schools for educationally sub-normal children, treatment consists of minor ailments, dealing with low standards of personal hygiene, and head infestation.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister attended the Care of Children Co-ordinating Committee; also meetings with social workers in the Public Health Department, to discuss problem families where there are school children involved.

One member of staff has continued to attend the City General Hospital each week to exchange information with the Almoner regarding the home and school background and progress of patients in hospital.

HEALTH EDUCATION

One of the school nursing sisters has attended Kenwood Nursery Training Centre on four sessions each week in her capacity as Health Tutor. This arrangement has proved very satisfactory. Groups of student nurses from the hospitals and Nursery Training Centre, also district nurse trainees, visited the Central Clinic to observe the work in the departments. School nursing sisters and a health visitor have given a course of lectures in Hygiene and Child Care to groups of girls studying for the Duke of Edinburgh's award. In addition, baby bathing demonstrations and talks on hygiene have been given to senior girls in some secondary modern schools at the request of the Head Teachers.

It is gratifying to note that interest in audiometric testing has been stimulated, and an increasing number of the sisters are capable and willing to assist in this work.

SUMMARY OF WORK

In the Schools—	
Attendance daily with the Medical Officers at Periodic Health	Inspection.
Examination of children under cleanliness scheme—Boys	66,078
	-1 -00

Examination of children under cleanliness scheme—Boys							
				Gi	rls	71,723	107 001
Examination of children for	" foll	owing	up ''				13 7 ,801 1,289
Examination of children for	invest	igation	of out	break c	of infect	tious	
diseases							455
Examination of children for	other	purpo	ses				6,544
Attendances for breathing e	xercis	es					4,884
Weighing and Measuring							59,541
Number of visions tested							20,401
							230,915
Number referred to divise							9.625
Number referred to clinics							2,635
Number of visits to schools							12,463

IN THE CLINICS—

	Eye Treatment Ear Tr		Ear Tre	EATMENT	Minor D	RESSINGS	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	
Attercliffe Central Greenhill Handsworth Heeley Hillsborough Manor Nursery Schools Pitsmoor Shiregreen Southey Green Special Schools Wisewood	120 45 58 22 44 141 76 57 137 140 44 310 58	188 104 73 43 70 255 133 112 298 310 92 2,535 140	367 108 62 60 95 101 222 32 349 183 42 252 66	1,559 499 260 202 280 831 701 80 972 583 91 1,210 216	1,874 547 220 445 543 983 1,790 1,804 929 958 361 4,471 506	4,814 2,056 807 1,529 2,186 1,909 7,254 2,990 2,604 1,984 539 9,807 1,994	
Wybourn Totals	123	4,645	2,075	8,117	1,304	5,344 45,817	

In the Homes—

Visits for	r '' following up ''		 • •	 	780
,,	neglect, uncleanlines	s, etc.	 	 	240
,,	various purposes		 	 	671
					1,691''

INFECTIOUS DISEASES

"Some people are so sensitive that they feel snubbed if an epidemic overlooks them."
—Kim Hubbard.

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First	Second	Third	Fourth	To	ΓAL
,	Quarter	Quarter	Quarter	Quarter 1961		1960
Measles	1,552	1,642	206	22	3,422	225
German Measles	104	82	55	44	285	143
Whooping Cough	15	12	7	2	36	314
Chicken Pox	525	421	176	598	1,720	2,664
Mumps	1,309	713	193	82	2,297	1,148
Scarlet Fever	28	59	50	75	212	171
Meningitis		5	1	8	14	21
Dysentery	25	77	16	9	127	655

DIPHTHERIA

None occurred for the twelfth successive year but it is useful to recollect that in 1938 there were as many as 824 cases in the City.

POLIOMYELITIS

The following are the details of cases of school children during the year 1961:—14 cases notified (10 being paralytic). Ten of these cases had not been vaccinated, the other four cases having received their injections as follows:—(1) two in 1958 (paralytic case); (2) two in 1961 (paralytic case); (3) one in 1961 (non-paralytic case); and (4) three in all (two in 1958 and one in 1959)—a paralytic case who died. There were 3 deaths during the year (including the case referred to above), the other children being unvaccinated.

VACCINATION AND IMMUNISATION

"Cast the spear and leave the rest to Jove"

—Homer, "Iliad."

General ·

The immunisations offered to school children are against diphtheria and tetanus at the age of school entry, tuberculosis (B.C.G.) at 13 years of age, and poliomyelitis at all ages.

In addition, as part of the general public health programme, it has been the policy to invite parents to bring pre-school children of the family to the school clinics for primary immunisation against diphtheria, whooping cough and tetanus.

Diphtheria

Again there were no confirmed cases of diphtheria in Sheffield during the year. This probably tends to give some parents a sense of false security, and every effort is made to encourage these parents to take advantage of the facilities for immunisation which are available.

In all children over 10 years of age the Schick Test for immunity against diphtheria is performed before immunisation is carried cout.

Tetanus.

Since 1960 immunisation against tetanus has been offered to children at the age of school entry, and the numbers taking advantage of this are increasing rapidly.

IMMUNISATIONS BY THE SCHOOL HEALTH SERVICE

Type of Immunisation:		1960	1961
Diphtheria	• •	889	152
Diphtheria/Whooping Cough/Tetanus	a \$	163	222
Diphtheria/Whooping Cough	• •	12	7
Diphtheria/Tetanus		10	587
Whooping Cough		3	1
Tetanus	• •	26	1,601
Tot	al	1,103	2,570
Reinforcing doses (Diph. & Tet.)		2,497	2,880
Schick Tests		219	143
Number of incomplete immunisations		2,200	1,800

Poliomyelitis

In 1957 this immunisation consisting of a primary course of two injections was made available to school children. Late in 1959 the third or re-inforcing injection was introduced.

In May, 1961 over 50 special sessions were held at school clinics to give the fourth injections which were made available to all children over five and under twelve years of age. At these sessions and at the Orchard Place Maternity and Child Welfare Centre about 13,000 children attended for their fourth injections.

A special campaign by the Local Authority against poliomyelitis with preliminary propaganda and a mobile unit which toured around the city resulted in a very large public response in general, and in particular brought forward numbers of children who had never been vaccinated against poliomyelitis.

Poliomyelitis Vaccinations

		1960	1961
Completed 2 injections	 	 1,192	7,159
Completed 3 injections	 	 10,905	4,948
Completed 4 injections	 	 	21,201

Smallpox

Smallpox

Vaccination is available at Maternity and Child Welfare Centres, but very few applications are received in respect of children of school age.

It is estimated that about 41% of school entrants have been vaccinated against smallpox.

SMALLPOX VACCINATION

19,275

 $27 \cdot 3$

	196	30	1961	
	10)3	152	
% CHILDREN 5 —	5 Year	s Immunised:		
	Т	otal Population	Number immunised	%
1. Diphtheria		70,600	62,308	$88 \cdot 2$
2. Poliomyelitis		70,600	64,405	$91 \cdot 2$

70,600

HANDICAPPED PUPILS

"He is a better scholar than I thought he was."
—Shakespeare, "The Merry Wives of Windsor," IV.i.

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953 to 1959, as requiring special educational treatment:—

, 1 0 1		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School	30 pupils
DEAF (GRADE III) AND PAR- TIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School (Day and Residential)	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly classes in lip reading at Maud Maxfield School	30 pupils
DELICATE PUPILS	Bents Green Residential School	
PHYSICALLY HANDICAPPED PUPILS	Arbourthorne North and Mayfield Schools	120 pupils
EDUCATIONALLY SUB- NORMAL PUPILS	East Hill School	45 pupils—infant and junior boys and girls 100 pupils— junior boys 120 pupils— senior boys
	Handsworth School	100 pupils— junior girls
	Highfield School	120 pupils— senior girls
	Wadsley Bridge School	120 pupils— senior boys
		100 pupils— junior boys
SHEFFIELD SCHOOL FOR BLIN	ID CHILDREN	
An analysis of the defects	of the pupils in the Scho	ool at the end of the

An analysis of the defects of the pupils in the School at the end of the year follows:—

Abiotrophy of retina						2
	• •	• •	• •			4
Buphthalmos						4
Choroido-retinitis						1
Congenital cataracts						8
Congenital nystagmus						3
Corneal dystrophy				• •		1
Cranio-facial dysostosis		0 0				1
Glioma retinæ						2
Irido cyclitis						1
Microphthalmos						4
Optic atrophy						9
Pseudoglioma						1
Retina-blastoma						2
Retrolental fibroplasia						21
Sympathetic ophthalmia						2
opp		• •	• •	• •	• •	

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BENTS GREEN SCHOOL (PARTIALLY SIGHTED CLASSES)

An analysis of the defects of pupils in the School at the end of the year follows:—

Albinism	• •			• •		4
Aniridia						1
Coloboma of discs		• •		• •	• •	1
Congenital cataracts		• •		• •		8
Congenital dislocation les	nses	• •		• •		1
Congenital nystagmus		• •	• •	3 *		6
Microphthalmos					• •	1
Optic atrophy	• •			• •	• •	2
Retrolental fibroplasia			• •			3
						07
						27

SCHOOLS FOR THE PHYSICALLY HANDICAPPED — ARBOURTHORNE NORTH AND MAYFIELD

The diagnosis of the children attending these schools is given below:—

Arbourthorne North School

Condition				Nu	mber of cases	
Cerebral palsy		 			24	
Post poliomyelitis		 			5	
Congenital heart disease		 			3	
Scoliosis		 			1	
Rheumatoid arthritis		 			1	
Petit mal	• •	 			1	
Brain cyst	• •	 			1	
Hydrocephalus	• •	 	• •		1	
Amputation of one leg		 			2	
T.B. hip	• •	 	• •		1	
Kernicterus	• •	 			1	
Microcephaly		 			1	
Achondroplasia		 	• •		1	

MAYFIELD SCHOOL

M_{AY}	FIELD	School	L			
Condition		Number of cases				
Cerebral palsy		• •			• •	18
Post poliomyelitis			• •		• •	10
Congenital heart disease			• •			2
Congenital heart disease w	ith tali	pes equ	iino va	rus	• •	1
Rheumatic heart		• •	• •	• •	• •	1
Muscular dystrophy		• •	• •	• •	• •	3
Hydrocephalus (one with s	econda	ary spas	stic dip	olegia)	• •	6
Congenital dislocated hips			• •	• •	• •	5
Spina bifida		• •			• •	4
Epilepsy with spastic hemi	iplegia		• •		• •	3
Meningocele			• •		• •	2
Т.В. spine			• •	• •	• •	1
Congenital deformities			• •	• •	• •	3
Rheumatoid arthritis			• •		• •	1

An innovation which has been greatly appreciated is the case conference at the Ryegate Cerebral Palsy Unit. Here an opportunity is given for a free discussion between the staff of the physically handicapped schools and the staff of the unit, led by Dr. Holt. This has made for an even closer harmony of both the educational and medical aspects. So successful have these conferences been that they will almost certainly become a regular feature and may be extended to other handicaps apart from cerebral palsy.

Transport is provided between home and school where necessary, otherwise, as for all the special schools, by special bus to and from the centre of the City.

Mayfield Special School for the Physically Handicapped

During recent years, very great changes have occurred at Mayfield Special School for the Physically Handicapped, which originally catered for children recovering from such complaints as T.B. joint or T.B. spine, Perthe's disease, effects of poliomyelitis, rheumatic carditis, congenital heart disease, psychological disorders, epilepsy, etc.

Fortunately, the number of children in this category has steadily declined and, although some children with a serious disability due to these diseases still need care in a special school, many are sufficiently recovered to attend ordinary schools. The scope of the school has been widened so that children are now admitted who are very seriously handicapped, and can only attend school if brought to school and taken home by special car. About two thirds of the pupils are in this category: formerly they were housebound and could only have home tuition twice weekly. Special transport has worked wonders for these children. They attend school daily, enjoy meeting and making friends with schoolmates, spending the day in delightful country surroundings. Scholars not only receive tuition but regular supervision from a child care assistant, who attends to their personal needs and comfort. Sister is frequently present also, to do dressings, advise on prevention of sores, supervise splints and see that they are in good condition.

It should be stressed that the children attending Mayfield do so primarily because of physical handicaps.

SCHOOLS FOR THE DELICATE BENTS GREEN, SPRINGVALE HOUSE AND WHITELEY WOOD

These schools are still known by their old name of "open air" schools and are primarily for delicate children. The type of child being admitted is gradually changing and the "delicate" child is becoming more and more one who finds difficulty in adjusting himself to the regime of the ordinary school. Accordingly, the regime of the open air school is being altered.

The rest period has always been somewhat elastic for the older children. The younger ones still seem to need it, as the majority go fast asleep, and with many of them this is the only time when they have a bed to themselves. With the older children, relaxation rather than sleep is encouraged, as this period is not meant to encourage late nights. It has also been decided that the summer holiday shall now follow the pattern applicable to schools generally throughout the city; that is, it shall now be for a period of six weeks and not for three weeks as formerly.

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below:—

RESULTS OF EXAMINATIONS

RESULTS OF EXAMINATIONS	
Recommended for admission to a day special school for the education-	
ally sub-normal	67
Recommended for admission to a residential special school for the	
educationally sub-normal	3
Recommended for education in an ordinary school with special	4.5
educational treatment	47
Recommended for admission to a special school for the physically	
handicapped	1
Found to be educationally sub-normal, but for further consideration	
as to disposal	12
Examined but decision deferred as to educational sub-normality	12
Referred to the Child Guidance Centre for investigation	3
No disability of mind	11
Found to be unsuitable for education and notified to the Local Health	
Authority—Section 57 (4)	74
Sufficient progress made at Special school to allow of re-	
admission to ordinary school	1
admission to ordinary sonoor	1
Analysis of Children leaving Special Schools for the Educationally	
Sub-Normal	
Left on attaining the leaving age	58
Removed at an earlier age as incapable of receiving further benefit	25
Total Number Notified to Local Health Authority	
(Mental Health Committee)	
Boys	Girls
Children incapable of receiving benefit or further benefit	0.0
from instruction in school	23
Re-examined and still incapable	2
Educationally sub-normal children notified on attaining	
the school leaving age 40	18

DIABETES

9 pupils with this condition are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school. In addition, 1 child is in a residential hostel for diabetic pupils.

CEREBRAL PALSY

There is a total of 109 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue, who are very severely handicapped, who constitute the real problem:—

							109
Unsuitable for education in local health authority)		`		care of 			28
Less those under statutory so	chool ag	ge .					4
Number requiring education	• •	• •	• •	• •	* *		77
Disposal of the educable children At ordinary schools							17
In day special schools for :—	-						
Physically handicapped							
Educationally sub-norm Deaf							
Partially-sighted						1	
						—	49
In residential special schools				• •	• •		9
Receiving home tuiton				• •			2
							77

HOME TUITION

The number of children receiving home tuition at the end of the year was 10; the analysis of the defects is given below. These are all children whose handicap is too great to allow attendance at a special school, even with special transport. They are under periodic review by the Senior School Medical Officer.

Mention must be made of children in hospital. Teachers attend all the hospitals and give regular sessions to the in-patient children.

Analysis of defects:—

Bronchiectasis						• •		1
Poliomyelitis— pa	aralytic							1
Cerebral palsy					• •		• •	2
Ectopic bladder								1
Hydrocephalus						• •		1
Asthma								1
Osteomyelitis								1
Pyelo-nephritis								1
Temporary emot	ional d	isturba	nceu	nsuital	ble for	educat	tion	
in school								1

PARTICULARS OF CHILDREN WHO WERE MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE SHEFFIELD AREA, DECEMBER, 1961.

Blind Children	Boys	Girls	Total
Chorleywood College for the Blind, Hertfordshire .	. —	2	2
Condover Hall School for Blind Children, Shrewsbury .	. 1		1
Henshaw's School for the Blind, Manchester	. 3		3
Royal Normal College for the Blind, near Shrewsbury.	. 2		2
Southport Sunshine Home, Birkdale, Southport .	•	1	1
Tenovus Sunshine Home, near Bridgend, Glam	. 1		1
			10
			=
Deaf and Partially Deaf Children.			
Elmete Hall School, Leeds		***************************************	1
Mary Hare Grammar School for the Deaf, Newbury	7,		
Berks	. 1		1
Rayner's School, Penn, Bucks	•	1	1
St John's R.C. Institution for the Deaf, Boston Spa	ι,		
Yorkshire	. 3	2	5
			8
Delicate Children.			
Hillaway Homes, Devon	. 7		7
St. Catherine's Home, Ventnor, Isle of Wight			1
St. John's R.C. Open-Air School, Woodford Bridge	·,		
Essex	. 1		1
St. Patrick's Open-Air School, Hayling Island, Hants.	40.0° yr	1	1
Totnes High School, Totnes, Devon	•	1	1
			11
EDUCATIONALLY SUB-NORMAL CHILDREN.	0		
Aldwark Manor School, Alne, near York	. 2		2
All Soul's Special School, Hillingdon, Middlesex .	•	2	2
Allerton Priory R.C. School, Liverpool		1	1
Besford Court R.C. School, Worcester	. 2		2
Crowthorn School, Edgworth, near Bolton	•	1	1
Drayton Manor School, Sherfield-on-Loddon, Hants	. 1		1
High Close School, Wokingham, Berks		2	2
Hilton Grange School, near Leeds	. 2	1	3
Pontville R.C. School, Ormskirk, Lancs			1
Rossington Hall School, Doncaster	. 9		9
St. Francis' Residential School, King's Heath,			
Birmingham		1	1
			25
EPILEPTIC CHILDREN.	4		4
Colthurst House School, Warford, Cheshire	. 1		Ţ
Maghull Home, Maghull, Liverpool	•	1	
			2

	Boys	Girls	Total
Maladjusted Children.			
Breckenbrough School, Thirsk	1		1
Camphill-Rudolf Steiner School, Bieldside, Aberdeenshire		2	2
Shotton Hall, Harmer Hill, near Shrewsbury	1		1
			4
			Approximation:
Physically Handicapped Children.			
Bradstock Lockett Special School, Southport	1		1
Dame Hannah Rogers School, Ivy Bridge, Devon	-	2	2
Ingfield Manor School, Five Oaks, near Horsham, Sussex	2		2
Irton Hall School, Holmrook, Cumberland	1		1
Queen Mary's Hospital School, Carshalton, Surrey	1	a	1
Shaftesbury House Hostel for Diabetic Children, Rusting-	*		Î
ton, Sussex		1	1
Thieves' Wood Special School, Mansfield	1		1
White and Manny Calegal Vingage to Vant	1		1
Whiteness Manor School, Kingsgate, Kent	1		1
			10

Placement of handicapped children is not always as straightforward as might appear on reading through an annual report. Take, for instance, the case of a little girl who, in 1952 at the age of four, was considered to be partially-sighted and educationally sub-normal. Her I.Q. was provisionally given as 58 but examination was difficult. During interview she chattered happily the whole time, but during examination it was almost impossible to get her to co-operate.

She was admitted to a residential school for partially-sighted girls. Then in 1956 she was considered to be blind, and also at this time she began to have epileptic fits. She was admitted to a school for the blind, on trial, but after eight months was transferred to a residential school for blind and educationally sub-normal girls.

A further complication arose when on re-examination the child was not considered to be blind or even partially-sighted. The girl is now at a residential school for educationally sub-normal girls.

Throughout the whole of this time, behaviour problems of one kind or another have occurred and have had to be dealt with, and even the help of the educational psychologist has been willingly given to aid in the placement of this child. The parents, as can be well understood, have had difficulty in understanding all these changes, and numerous interviews have been necessary to explain exactly what was happening.

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions:—

Yorkshire School for the Blind (one male, brush-making).

Royal Normal College for the Blind (one female, shorthand and type-writing).

MISCELLANEOUS

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Spe	cial examin	ations	have	been (carriec	dout	as follo	ows:		
Can	didates for ap	pointm	nent in	the serv	vice of	the Ec	lucation	Comi	mittee	285
Exa	aminations for	r stage	licence	S			• •		• •	6
Juv	enile Court ca	ases					• •		• •	104
Anr	nual medical e	examin	ations (of "Bo	arded-	out ''	children		• •	93
	ness for part-t arious trades Number pass	:							•	
	Number not	recom	mended	1			• •		3	
Exa	aminations of Men Women						86	es for	teachers:	
									253	

HEALTH EDUCATION

"It is better to understand a little than to misunderstand a lot."
—Anatole France, "Revolt of the Angels."

Talks to Parent-Teacher associations and other groups and societies were given by members of the staff in the evenings. These are excellent opportunities for stressing any point made at the Periodic Health Inspection and, in the informal discussions afterwards, parents often lose their shyness and talk of problems concerning their children. Often these have seemed too intimate or too trivial to mention, but when, through these discussions, parents realise that they are not alone in their difficulties, they are greatly helped.

School Nursing Sisters, by request, give talks and demonstrations on personal hygiene and child care in schools.

Doctors taking the Diploma in Child Health, fourth-year medical students, students taking the Diploma of Education, students from the School of Social Studies and various foreign visitors were shown the work of the School Health Service. The co-operation of the teachers, which is given so willingly, is greatly appreciated.

A series of demonstrations were held during the summer term, which were designed to bring to the attention of Head Teachers the health education material available through the Public Health Department. As a result, there has been an increasing number of requests for leaflets, posters, equipment, films and exhibition units for use in school. In particular, assistance was given in the mounting of special teaching projects, for example, on foot and dental health. The Health Education Organiser also arranged a course for domestic science staff on trends in health teaching.

NURSERY SCHOOLS AND CLASSES

"We were called a little early and our toilet's not complete."

—A. Conan Doyle, "Cremona."

Miss Dent, Chief School Nursing Sister, reports:—

"The tables on page 70 show the heights and weights of the children in nursery schools and classes ascertained at the annual inspections.

Each nursery school and class has been visited by a School Nursing Sister two or three mornings each week, in order to supervise the health of the children and carry out minor treatments. Home visits are paid where necessary, thus forming another link between the home and the school."

PHYSICAL EDUCATION

A full account of the year's work is found in the Report of the Organiser of Physical Education on pages 81 to 92.

The school health service staff realise that physical education plays an important part in the development of the child and reports are given by school medical officers on the suitability of pupils for various types of physical activity, e.g., the advanced swimming course, swimming competitions. During periodic health inspections, head teachers are also informed of any restrictions of physical activity considered necessary in particular cases.

SCHOOL MEALS SERVICE

"It isn't so much what's on the table that matters, as what's on the chairs." - W. S. Gilbert (in Pearson's "Gilbert and Sullivan").

SCHOOL MEALS

The school meals are inspected by the School Medical Officers during each periodic health inspection. Their reports testify to the high standard maintained in the quality and cooking of the food, and in the variety of the menus.

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December, 1961, are as follows:—

January			36,456*	July			35,553	
February			36,201*	August				
March			37,254	September			37,450	
April			37,283	October			37,773	
May			36,852	November		• •	37,810	
June			36,003	December			36,851	
* T - (1	T2: J			4 A 11 C -11-	المعمام	1 V .		
* Influenza	- Epide	1111C		† All Schools closed in August				

	1960	1961
Number of dinners supplied on payment	 6,136,172	6,270,254
Number of dinners supplied free	 530,590	494,633
Number of dinners supplied on part-		
payment of 6d	 20,066	14,222

The following is the number of children on free meals in December, earlier years being included for comparison :-

1955	1956	1957	1958	1959	1960	1961
3.231	2.862	2.960	3.527	3.460	3.200	3 086

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to a one-third pint bottle per day per child and no charge is made.

During the year ended 31st December, 1961, 11,251,474 one-third pints of beverage milk, representing approximately 468,811 gallons, were supplied to pupils in Sheffield Schools.

Drinking straws are provided and all milk supplied to the schools is pasteurised.

Beverage Milk—Average number of bottles supplied daily

19	61			Primary Schools	Secondary Schools	Non- Maintained Schools	Total
January				36,063	17,739	2,840	56,642
February				36,048	16,748	2,754	55,550
March				36,662	17,647	2,754	57,063
April		0 0		39,628	17,549	2,778	59,955
May				38,717	17,353	2,821	58,891
June				39,271	17,260	2,863	59,394
July				38,141	17,074	2,621	57,836
August]				*
September				37,088	20,216	2,826	60,130
October				36,573	19,811	2,802	59,186
November				35,775	18,886	2,779	57,440
December				34,887	18,013	2,644	55,544

^{*} All Schools closed in August.

A return to the Ministry of Education shows that on a day in October, 1961, $86\cdot3\%$ of pupils received beverage milk and 52% received dinners.

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Lcopold Street	All	Full-time	Administrative centre of school health service. Centre for examination of spectases, ophthalmic, orthoptic, earnose and throat, orthopædic, heat and chiropody clinics. Central inspection, minor ailmeand immunisation clinics.
Clinic for Young Deaf Children, 7, Leopold Street	All	Thurs, mornings and afternoons	Diagnosis of Degree of Deafness a Auditory Training.
CHILD GUIDANCE CENTRES: 9, Newbould Lane Handsworth Branch Clinic, Hall Road Hillsborough County School	All 22 25	Full-time Thurs. mornings Friday all day	Child Guidance.
Speech Therapy Clinics: 9, Newbould Lane	All	Full-time	
Attercliffe Branch Clinic, Vicarage Road	26	Thurs. afternoons	
Greenhill Branch Clinic, Greenhill County School	8	Wednesday mornings	Speech Therapy.
Manor Branch Clinic, Prince Edward County School	36	Tuesday all day	
104, Parkside Road	27	Wednesday mornings	
Shiregreen Branch Clinic, Shiregreen County School	20	Friday all day	
District Medical Clinics: Attercliffe Branch Clinic, Vicarage Road	18	Mon., Tues., Wed., and Friday afternoons	
Central Clinic, 7, Leopold Street— District E	23	Mon., Wed., and Sat. mor-	
District F	26	Mon. and Thurs. afternoons & Sat. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	13	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	38	Mon., Tues. and Fri.	
Hillsborough Branch Clinic, Broughton Road	26	Mon., Tues. and Thurs.	Inspection, minor ailment a
Manor Branch Clinic, Prince Edward County School	32	Mon., Tues.; Wed. and Thurs. afternoons	immunisation clinics.
Pitsmoor Branch Clinic, Ellesmere Road County School	21	Mon., Tues. and Thurs.	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southcy Green County School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	6	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School	5	Mon. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
NTAL CLINICS: Central Clinic, 7, Leopold Strect	134	Varies	Routine and casual dental treatment, special dental cases, dental radiography and M. & C.W. dental treatment.
Attercliffe Branch Clinic, Vicarage Road	21	77	Routine and casual dental treatment, dental radiography and M. & C.W. dental treatment.
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	14	22	
Heeley Branch Clinic, Lowfield County School	32	,,	
Owler Lane Branch Clinic, Owler Lane County School	18	,,	Routine and casual dental treatment, and M. & C.W. dental treatment.
Rowlinson Branch Clinic, Rowlinson Technical School	10	,,	
Southey Green Branch Clinic, Southey Green County School	11	,,	

INSPECTION AND MINOR

Condition	Atter- cliffe	Pits- moor	Hills- boro'	Heeley	Central (E)	Central (F)	Green hill
Skin—							
D: C 1							
Body .							-
T	. 2	4		2	11	$\frac{}{2}$	1
0.11	301	419	351	300	276	430	1727
Eye—	0.1	83	59	114	71	83	71
C - 1.	. 81	2	1	4	— —		
0.11	. 124	107	99	62	34	35	42
EAR—	. 56	36	5	40	36	38	19.
0.1.1.1.1.1.	122	7	7	16	9	26	19
0.11	. 161	180	79	51	21	39	52
Nose and Throat— Chronic tonsillitis and							
	. 22	6	10	35	7	6	13
041	. 194	105	49	69	15	23	29.
Speech	. 11	20	10	20	8	33	7
Lymphatic Glands .							
Heart	. 1	1	1	4	2	4	4
Lungs	. 58	12	8	9	8	16	20
Developmental—	:						
	. 2	-		6	1		2
	•	_		_	_		
ORTHOPÆDIC—		0		1	1		
Track		2			1		
Other	. 44	150	31	78	28	75	36
Nervous System—							
Tailoner			2 7		5	7	6
Othor		3	7	_	1	6	4
Psychological—							Y
1	2	1	2		2	5	3
Stability	8	3		39	10	19	
Abdomen	. 17	4	1	14	2	2	3
OTHER	999	511	456	589	634	792	210
Cases	2,215	1,656	1,178	1,452	1,182	1,641	72(7
Examinations	4,118	2,921	1,497	2,591	1,594	2,525	1,458

AILMENTS CLINICS 1961

Hands- worth	Shire- green	Manor	Wise- wood	Southey Green	Wybourn	Total	Condition
					168	50 10 3,753	SKIN— Ringworm—Scalp ,, Body Scabies Impetigo Other
48 - 32	68 62	107 4 63	32 68	25 — 11	13 2 47	855 23 786	EYE— Defective vision Squint Other
19 5 59	34 11 60	27 21 53	3 3 87	9 1 20	3 2 117	325 249 979	Ear— Defective hearing Otitis media Other
2 31	9 75	67	1 159	6 19	1 345	118 1,180	Nose and Throat— Chronic tonsillitis and adenoids Other
16	10	15	3	5	2	160	Speech
	4	1		3	1	9	Lymphatic Glands
2	6	7		2		34	HEART
8	39	6	2	30	2	218	Lungs
1	1 8			4		13 14	Developmental— Hernia Other
<u> </u>	32		107			3 641	Orthopædic— Posture Feet Other
2	3 22	5 —	1 5	6	1	32 55	Nervous System— Epilepsy Other
4	5 11	16	6	2 3	_	38 110	Psychological— Development Stability
1	26	24	11	15	7	127	ABDOMEN
499	415	824	321	95	768	7,113	OTHER
1,013	1,111	1,798	1,090	359	1,480	16,895	Cases
1,725	1,986	2,926	1,835	732	2,558	28,466	Examinations

PRECIS, 1961

					Children	Attend- ances
School Medical Officers at S	SCHOOLS-					ances
Visits to Schools	* *			1,747		
Periodic Health Inspections	• •				19,940	
Selected cases	• •				574	
"Following up"					5,370	
Special cases	• •	• •	• •		2,281	
School Medical Officers at S	School Cl	INICS	} ——			
Inspection and Minor Ailmer	nts Clinics			• •	16,894	28,466
School Nursing Sisters and I	Nursing A	Assis	TANTS—			
Examinations of children in	schools				230,915	
Visits to homes	• •		• •		1,691	
Minor dressings at clinics and	d schools		* *	* *	16,735	45,817
OPHTHALMIC CLINIC—						
Examined by the Surgeon	• •				3,337	3,510
Dressed by Nursing Sisters	• •		• •		1,375	4,645
Orthoptic treatment	• •				5 93	1,756
AURAL CLINIC-						
Examined by the Surgeon				• •	407	513
Dressed by Nursing Sisters					2,075	8,117
ORTHOPÆDIC CLINIC—						
Examined by the Surgeon	÷ 0	• •			222	262
RHEUMATISM AND HEART CLINE	c—					
Examined by the Physician					98	98
CHIROPODY CLINIC-						
Treated by the Chiropodist	•	6 5			1,010	2 167
DENTAL CLINICS—						
Inspected at schools			4 5		23,001	
Inspected at clinics				2 1	3,475	
Treated by School Dental St					7,884	15,219
Immunisation against Diphthe	eria, Etc.					
At schools and clinics					Name and Address	8,425
CHILD GUIDANCE CENTRE	• • •				1,045	4,874
SPEECH THERAPY CLINIC .	• • •				337	2 957
Total Attendance of	CHILDRE	N AT	CLINICS	e y	• • • • •	126 826

ATTENDANCES AT CLINICS

Total	28,466		4,645	8,117	45,817	3,510	1,756	513	262	86	2,167	15,219	8,425	4,874	2,957	126,826
Special Depts.			2,647	1,290	12,797	3,510	1,756	513	262	86	2,167	15,219	8,425	4,874	2,957	56,515
Wy- bourn	2,558		292	633	5,344		1	1		Î	Î			Î	1	8,827
Southey	732		92	91	539		[1	İ			[Î	1	1,454
Wise- wood	1,835		140	216	1,994		1	1	[ĺ				ĺ	4,185
Manor	2,926		133	701	7,254		[Î						1	11,014
Shire- green	1,986		310	583	1,984						[1	1		1	4,863
Hands-	1,725		43	202	1,529	1				ĺ		1		[1	3,499
Green- hill	1,458		73	260	807	1						1				2,598
Central (F)	2,525		104	499	99	1			1		1	1	1		1	78
Central (E)	1,594		1	4	2,056	-										6,778
Heeley	2,591		70	280	2,186	1		1		[[1	1	1	1	5,127
Hills- boro'	1,497		255	831	1,909	1			1							4,492
Pits- moor	2,921		298	972	2,604			1		-						6,795
Atter- cliffe	4,118		188	1,559	4,814	Î			1						[,	10,679
				•			•	•		•		:		•	•	
	•	Vursing	•	•	•	•	•	•	•	eart	•	Branch,	nisation	: :	S	•
	d Minor inics	School 1	•	•	•	nics—	•	:		m & Heart	•	ntral &	Immui	e Centr	py Clini	Totals
	Inspection and Minor Ailments Clinics	Dressings by School Nursing Sisters—	Eye cases	Ear cases	Minor	Treatment Clinics. Ophthalmic .	Orthoptic	Aural	Orthopædic	Rheumatism	Chiropody	Dental (Central & Branch)	Diphtheria Immunisation	Child Guidance Centre	Speech Therapy Clinics	To:
	Ins	Dr				Tr								Ch	Sp	1

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HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

	Number Examined	1961	2,542	2,596	2,712	2,627	2,669	2,653	2,552	2,440	2,656	2,919	711	183
	1961	Inches	42.93	45.37	47.71	49.99	52.05	54.1	56.47	58.89	60.74	61.92	63.1	63.5
, sć	1960	Inches	42.88	45.34	47.62	49.93	51.86	54.1	56.4	58.73	60.63	61.84	62.62	63.35
GIRLS	1945	Inches	42.64	44.63	46.59	48.85	51.22	54.38	55.62	57.96	60.02	6.09		
	1938	Inches	42.13	44.24	46.77	48.86	50.39	52.13	55.28	57.52	58.9	60.75		
	1920	Inches	40.75	42.45	44.05	46.9	47.95	50.35	51.1	54.5	56.05	57.		
	Age		w	9	7	∞	6	10	111	12	13	14	15	16
	ed ed		~~	61										
	Number Examined	1961	2,693	2,682	2,831	2,821	2,731	2,755	2,668	2,306	2,498	2,794	772	160
	Numbe 1961 Examin	Inches 1961	43.26 2,693	45.63 2,682	48.08 2,831	50.24 2,821	52.41 2,731	54.26 2,755	56.12 2,668	58.09 2,306	60.48	63.2	65.25	67.66
S			1											
BOYS	1961	Inches	43.26	45.63	48.08	50.24	52.41	54.26	56.12	58.09	60.48	63.2	65.25	99-29
BOYS	1960 1961	Inches Inches	43.17 43.26	45.62 45.63	48.04 48.08	50.32 50.24	52.28 52.41	54.26 54.26	55.99 56.12	57.99 58.09	60.36 60.48	63.05 63.2	65.25	67.41 67.66
BOYS	1945 1960 1961	Inches Inches Inches	42.93 43.17 43.26	44.77 45.62 45.63	46.98 48.04 48.08	49.84 50.32 50.24	50.38 52.28 52.41	54.31 54.26 54.26	54.91 55.99 56.12	56.44 57.99 58.09	59.1 60.36 60.48	60.38 63.05 63.2	65.25	67.41 67.66

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

	Number Examined	1961	2,542	2,596	2,712	2,627	2,669	2,653	2,552	2,440	2,656	2,919	711	183	
	1961	Pounds	42.35	47.52	53.72	59.78	67.21	74.74	83.31	95.03	105.75	113.39	117.86	124.06	
	1960	Pounds	42.21	47.57	53.09	59.76	65.93	73.94	83.02	93.44	104.53	112.28	117.65	121.65	
GIRLS	1945	Pounds	40.18	43.71	47.62	54.41	59.12	67.61	77.48	85.85	96.04	99.65			
	1938	Pounds	39.93	43.87	49.21	54.17	58.	63.8	75.44	83.47	99.68	100.5			
	1920	Pounds	38.9	40.45	42.1	49.05	52.2	53.4	61 - 75	71.05	77.35	78.95			
	Age		ıc	9	7	∞	6	10	111	12	13	14	15	16	
	Number Examined	1961	2,693	2,682	2,831	2,821	2,731	2,755	2,668	2,306	2,498	2,794	772	160	
	1961	Pounds	43.48	48.39	54.5	60.58	67.47	74.07	81.22	89.94	100.46	113.14	124.14	138.85	
S	1960	Pounds	43.42	48.56	55.82	60.67	66.94	73.87	80.92	89.61	99.34	112.57	124.27	137.12	
BOYS	1945	Pounds	41.58	44.95	49.77	57.12	61.73	74.52	73.49	79.35	90.07	95.16			
	1938	Pounds	41.49	45.72	51.1	56.17	.09	64.29	70.86	80.14	85.61	94.14			
	1920	Pounds	38.6	42.2	45.1	50.15	52.25	57.7	68.2	70.4	73.75	79.55			
	Age		co.	9	7	∞	6	10	111	12	13	14	15	16	

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

	Poor District Schools	Inches	42.49	44.9	47.42	49.28	51.48	53.36	55.9	58.61	60.51	61.56	62.43
	Pc District	No. Exd.	413	412	381	424	432	390	450	409	427	508	95
•	um Schools	Inches	42.8	45.29	47.56	49.8	51.87	54.01	56.29	58.81	29.09	61.9	63.37
GIRLS	Medium District Schools	No. Exd.	1,402	1,456	1,503	1,424	1,450	1,503	1,391	1,295	1,441	1,595	287
GI	Good District Schools	Inches	43.42	45.81	48.1	50.73	52.7	54.66	57.17	59.18	61.01	62.18	63.55
	Good District Sc	No. Exd.	727	728	828	779	787	092	7111	736	788	816	329
	hools	Inches	42.93	45.37	47.71	49.99	52.05	54.1	56.47	58.89	60.74	61.92	63.1
	All Schools	No. Exd.	2,542	2,596	2,712	2,627	2,669	2,653	2,552	2,440	2,656	2,919	711
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D D D D D D D D D D D D D D D D D D D	ro.	9		∞	6	10		. 12	13	14	15
	Poor District Schools	Inches	42.88	45.18	47.51	49.63	51.98	53.65	55.42	57.96	60.18	62.74	64.06
	Po District	No. Exd.	430	4111	437	460	427	396	490	447	465	519	95
,	ium Schools	Inches	43.13	45.54	47.98	50.15	52.29	54.08	56.14	58.03	60.3	63.13	64.96
S	Medium District Schools	No. Exd.	1,498	1,461	1,552	1,513	1,493	1,515	1,494	1,323	1,479	1,660	374
BOYS	Good District Schools	Inches	43.72	46.04	48.57	50.74	52.85	54.87	56.58	58.33	61.22	63.76	65.97
	Good District Sc	No. Exd.	765	810	842	848	811	844	684	536	554	615	303
	hools	Irches	43.26	45.63	48.08	50.24	52.41	54.26	56.12	58.09	60.48	63.2	65.25
	All Schools	No. Exd.	2,693	2,682	2,831	2,821	2,731	2,755	2,668	2,306	2,498	2,794	772

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

	Poor District Schools	Pounds	41.84	46.67	52.75	57.88	65 · 11	72.73	81.13	93.65	105.19	111.97	115.45
	Po District	No. Exd.	413	412	381	424	432	390	450	409	427	508	95
	ium Schools	Pounds	41.97	47.36	53.51	59.6	66.84	74.27	82.74	94.96	105.24	113.42	116.28
ST	Medium District Schools	No. Exd.	1,402	1,456	1,503	1,424	1,450	1,503	1,391	1,295	1,441	1,595	287
GIRLS	Good District Schools	Pounds	43.37	48.32	54.53	61.14	69 · 05	76.7	85.82	95.92	106.98	114.22	119.93
	Good District Sc	No. Exd.	727	728	828	779	787	760	7111	736	788	816	329
	hools	Pounds	42.35	47.52	53.72	59.78	67.21	74 · 74	83.31	95.03	105.75	113.39	117.86
	All Schools	No. Exd.	2,542	2,596	2,712	2,627	2,669	2,653	2,552	2,440	2,656	2,919	711
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	200	ro.	9		∞	6	10		12	13	14	15
	Poor District Schools	Pounds	43.06	47.24	53.03	59.47	66.51	71.56	79.02	88.99	98.48	111.27	116.06
	Poor District Sc	No. Exd.	430	411	437	460	427	396	490	447	465	519	95
	lum Schools	Pounds	43.3	48.36	54.18	60.29	67.24	73.58	81.17	89.64	100.13	112.68	123.26
S	Medium District Schools	No. Exd.	1,498	1,461	1,552	1,513	1,493	1,515	1,494	1,323	1,479	1,660	374
BOYS	Good District Schools	Pounds	44.08	49.02	55.86	61.71	68 · 36	76.12	82.9	91.49	103.02	115.97	127.76
	Good District Sc	No. Exd.	765	810	842	848	8111	844	684	536	554	615	303
	hools	Pounds	43.48	48.39	54.5	60.58	67.47	74.07	81.22	89.94	100.46	113.14	124 · 14
	All Schools	No. Exd.	2,693	2,682	2,831	2,821	2,731	2,755	2,668	2,306	2,498	2,794	772
	0.00	282	5	9	7	8	6	10		12	13	41	15

NURSERY SCHOOLS AND CLASSES

HEIGHTS

	Number examined 1961	31	230	304			Number examined 1961	31	230	304
10	1961 Inches	34.99	37.59	39.79		ro.	1961 Pounds	29.55	32.94	36.93
GIRLS	1960 Inches	34.39	37.76	39.78		GIRLS	1960 Pounds	29.52	33.65	37.1
	1957 Inches	35.13	37.46	39.52			1957 Pounds	29.38	33.88	36.86
	Age	Ø	80	4	WEIGHTS		Age	61	8	4
	Number examined 1961	16	240	333	WEI		Number examined 1961	16	240	333
Boys	1961 Inches	36.23	38.14	40.34		Boys	1961 Pounds	32.26	34.58	38.32
Bo	1960 Inches	35.73	38.06	40.09		Bo	1960 Pounds	32.85	34.42	38.5
	1957 Inches	35.78	37.94	40.			1957 Pounds	30.71	34.85	38.47
	Age	23	co	4			Age	7	8	4

MEDICAL INSPECTION RETURNS YEAR ENDED 31ST DECEMBER, 1961

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1962 . .

70,572

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups	No. of Pupils	Physical Condition of Pupils Inspected					
Inspected (By year of birth)	Inspected	Satisf.	ACTORY	Unsatisfactory			
(1)	(2)	Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)		
1957 and later	2,868 2,663 291 85 49 41 1,464 3,207 1,389 2,253 5,002	628 2,857 2,659 291 85 49 41 1,461 3,201 1,388 2,249 5,002	100 · 99 · 62 99 · 85 100 · 100 · 100 · 100 · 99 · 8 99 · 81 99 · 93 99 · 82 100 ·	11 4 — — 3 6 1 4	·38 ·15 ———————————————————————————————————		
Total	19,940	19,911	99 · 85	29	•15		

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Insp (By year of bin		For defective vision (excluding squint) (2)	For any other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later		2 59 73 22 19 9 8 110 246 100 140 434	55 336 366 65 28 21 8 162 353 163 207 463	45 328 367 70 37 21 13 245 534 241 314 797
Total	 	1,222	2,227	3,012

TABLE C—OTHER INSPECTIONS

	Number of Special Inspections							23,813
	Number of Re-inspections		é e					21,390
				TOTAL				45,203
	TABLE D—INFE	ESTATI	ON W	VITH VI	ERM	IN		
(i)	Total number of individual exa	minatio	ons of	pupils is	n sch	ools by	the	
	school nurses or other autho	rised pe	ersons					137,801
(ii)	Total number of individual pupil	s found	to be	infested				2,502
(iii)	Number of individual pupils i	n respe	ect of	whom	clean	sing no	tices	
	were issued (Section 54(2) E	ducatio	n Act,	1944)				2,797
(iv)	Total number of individual pupi	ils in re	spect	of whom	clea	nsing o	rders	
	were issued (Section 54(3) E	ducatio	n Act,	1944)				

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

			Perio	DDIC IN	SPECTIO	NS		
Defect or Disease	Entr	ants	Leav	vers	Oth	ers	То	tal
Defect of Disease (1)	Requiring Treatment	Requiring observation						
Skin	80	66	149	26	257	69	486	161
Eyes—(a) Vision	134 83 29	488 105 25	434 21 10	150 14 4	654 51 18	565 64 19	1,222 155 57	1,203 183 48
Ears—(a) Hearing	79 30 92	75 86 73	43 29 49	14 16 5	99 60 124	74 75 23	221 119 265	163 177 101
Nose and Throat	142	514	41	40	88	198	271	752
Speech	33	194	6	4	14	43	53	241
Lymphatic Glands	10	142	4	10	3	78	17	230
Heart	13	115	11	17	23	90	47	222
Lungs	35	180	15	37	15	169	65	386
Developmental— (a) Hernia (b) Other	6 12	44 102	3 15	2 7	39	9 122	9 66	55 231
Orthopædic— (a) Posture (b) Feet (c) Other	1 38 29	22 86 165	6 27 13	12 24 23	9 86 52	47 127 85	16 151 94	81 237 273
Nervous System— (a) Epilepsy (b) Other	4 3	26 9	6	8	10	26 8	20 7	60 18
Psychological— (a) Development (b) Stability	10 12	23 165	3	21 16	11 20	48 96	21 35	92 277
Abdomen	2	8	3	1	5	7	10	16
Other	14	58	8	17	20	42	42	117

TABLE B—SPECIAL INSPECTIONS

Defect or Disease					Special Inspections			
D	EFECT OR DIS	SEASE			Requiring Treatment	Requiring Observation		
Skin Eyes—(a) (b) (c)	Vision Squint Other		• •		3,797 709 32 779	38 346 12 30		
Ears—(a) (b) (c)	Hearing Otitis Media Other	· ·	• •		292 242 988	92 12 19		
Nose and T	Chroat	• •		• •	1,273	75		
Speech	• •				144	42		
Lymphatic	Glands				11	7		
Heart		• •	• •		27	21		
Lungs	• • • • •	• •			205	37		
Developme (a) (b)	ental— Hernia Other	• •		• •	9 11	4 35		
Orthopædi (a) (b) (c)	Posture Feet Other				4 3 628	3 7 32		
Nervous S (a) (b)	ystem— Epilepsy Other		• •		28 31	6 29		
Psychologia (a) (b)	ical— Development Stability		• •		34 87	17 49		
Abdomen			• •		117	12		
Other			• •		3,929	250		

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

TABLE A-ETE	, 1010	LASES	, 1715.	ricii	. V 12 - V .		aber of cases known
							ave been dealt with
External and other, exc	cluding	g errors	of refr	action	and sq	uint	787
Errors of refraction (inc	cluding	g squint	E)			• •	2,957
То	TAL	• •	• •				3,744
Number of pupils for w	hom s	pectacl	es were	e presci	ribed		2,787
TABLE B—DISE	ASES	AND I	DEFE(CTS OI	F EAR,	NOSE	AND THROAT
							aber of cases known ave been dealt with
Received operative trea							
(a) for diseases of	the ea	r				• •	7
(b) for adenoids an	nd chro	onic tor	nsillitis				247
(c) for other nose	and th	roat co	ndition	ıs	• •	• •	68
Received other forms of	of treat	ment				• •	2,622
То	TAL	• •	• •			• •	2,944
Total number of pupil been provided with				e knov	wn to h	nave	
-		_					24
(a) in 1961							167
(b) in previous year	a15		• •	• •			107
TABLE C	—OR	гнор <i>а</i>	EDIC .	AND 1	POSTU	RAL DI	EFECTS
						Nun	aber of cases known
						to	have been treated
(a) Pupils treated at cl	linics o	or out-p	atients	depar	tments		847
(b) Pupils treated at so	chool f	or post	ural de	fects			3
Та	TAL						850
1.0) I AL	• •	• •		• •	• •	
I	CABLE	E D—D	DISEAS	SES O	F THE	SKIN	
(excludir	ng uncl	leanline	ss, for	which	see Tab	ole D of	Part I)
							nber of cases known have been treated
Ringworm—(a)Scalp		• •	• •			• •	_
(b) Body			• •				_
Scabies							50
Impetigo							10
Other Skin Diseases							2,880
							,

2,940

Total

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics	1,045
TABLE F—SPEECH THERAPY	
Number of pupils known to have been treated by Speech	
Therapists	337
TABLE G—OTHER TREATMENT GIVEN	
	r of cases known been dealt with
(a) Pupils with minor ailments	4,576
(b) Pupils who received convalescent treatment under	
School Health Service arrangements	190
(c) Pupils who received B.C.G. Vaccination	4,158
(d) Other than (a) , (b) and (c) above—	
Chiropody	1,010
Diphtheria Immunisation, etc. (See pages 46 to 47 of this Report)	
Heart	15
Chest Clinic	5,735
Orthoptic	593
Total (a) — (d)	16,277

PART IV.

, , ,									THORITY
(1)	Number of Pupils inspection (a) At Periodic Inspection		the .		ty's De	ental Off	icers :		23,001
	(b) As Specials			• •		• •			3,475
				Total			• •	• •	26,476
(2)	Number found to requir	e treati	ment		ŕ				17,731
(3)	Number offered treatme							• •	13,509
(4)	Number actually treated								7,884
(5)	Number of attendances							ding	
	those recorded at hea								15,219
(6)	Half-days devoted to :—	→							
(-)	Periodic (School) Ins					• •			169
	Treatment								2,058
				Tomas	(C)				
				Total	(6)	• •	• •	* *	2,227
(7)	Fillings:—								
	Permanent teeth	• •	• •				• •	• •	5,445
	Temporary teeth		• •	• •	• •	• •	• •		84
				TOTAL	(7)				5,529
(8)	Number of teeth filled:-								
(')	Permanent teeth								4,876
	Temporary teeth			• •			• •		84
	- ·			Тоты	(0)				4.060
				Total	(0)	• •	• • r	• •	4,960
(9)	Extractions:—								
	Permanent teeth			• •	• •	• •	• •	• •	2,875
	Temporary teeth		• •	• • •	• •	• •	• •	• •	7,960
				Total	(9)		• •	• •	10,835
(10)	Administration of genera	al anæs	thetic	s for ex	tractio	n			5,912
(11)	Orthodontics:—								<u>, v.</u>
` ′	(a) Cases commenced dur	ring the	e vear						. 55
	(b) Cases brought forwar	~	•						: 36
	(c) Cases completed duri		_	• •					47
	(d) Cases discontinued du	_	-	ır					17
	(e). Pupils treated with a								90
((f) Removable appliance	s fitted				• •			56
	(g) Fixed appliances fitte	ed							41
	(h) Total attendances								484
(12)	Number of pupils suppli	ed with	artif	icial den	tures				93
(13)	Other operations:—								
(10)	Permanent teeth								2,203
	Temporary teeth								14
	1	,		Tr -	(10)				
				Total	(13)				2,217

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION

	TOTAL (1)—(10)	(11)	162	139	27	TOTAL (1)—(10)	(11)	4		
	Epileptic Speech Defects	(10)				Epileptic Speech Defects	(10)			
	(9) Epi (10) Spe Def	(6)			Q	(9) Epilept (10) Speech Defects	(6)	-		
	Maladjusted Educationally Sub-normal	(8)	62	47	23	Maladjusted Educationally Sub-normal	(8)	*		
YEAR 1961.	(7) Malae (8) Educi Sub-r	(7)				(7) Mala (8) Educ Sub-	(7)			
HOMES, YI	Physically Handicapped Delicate	(9)	72	89	d de la constant de l	Physically Handicapped Delicate	(9)	*		
DING HO	(5) Physical Handica(6) Delicate	(5)	16	16		(5) Physical Handica (6) Delicate	(5)			
IN BOAR	Deaf Partially Deaf	(4)	61			Deaf Partially Deaf	(4)			
	(3) Deaf (4) Parti Deaf	(3)	7	9		(3) De (4) Pa De	(3)			
ACT, 1944, OR BOARDING	Blind Partially sighted	(2)	-			Blind Partially Sighted	(2)			
T, 1944,	(1) Bli (2) Pa sig	(1)	61			(1) Bl (2) Pe Sig	(1)	\ *		
AC	During the calendar year 1961 :— Number of handicapped pupils who were :—	A. Newly assessed as needing special	educational treatment at Schools or in Boarding Homes	B. (i) Number of these newly placed		On or about 20th January, 1962:— Number of handicapped pupils who were:—	C. Requiring places in Special Schools	(1) Total:— (a) Day (b) Boarding Number of pupils included in these	(ii) Who had not reached the age of 5 and were awaiting:— (a) Day places (b) Boarding places (iii) Who had reached the age of 5 but whose parents had not consisted to their admission to a	
				1		78				

TOTAL (1-10)	(11)	818	40	7	7	935	42		46
Epileptic Speech Defects	(10)					1	1 1 1		: :
(9) Epil (10) Spec (10) Def	(6)		2	1		7			· ·
Maladjusted Educationally Sub-normal	(8)	409	12		1	433		are to be agreed.	: :
(7) Mala (8) Educ Sub-1	(2)			4	_	9	-		t, 1944
Physically Handicapped Delicate	(9)	244 36	8	1	9	289	3	admission dates	cation Ac
(5) Physical Handica (6) Delicate	(5)	98	w	8		107	42		of the Edu ct, 1944
Deaf Partially Deaf	(4)	σ ε		[1	12		ls, for wh	tion 57(4) ucation A
(3) De (4) Pa	(3)	38	7			47	1 1	hese pupi	under Sect of the Ed
Blind Partially Sighted	(2)	20		1		20]	able for t	1961:— recorded in 57A(2)
(1) Bi (2) Pe	(1)	6	10			19	1 1 1	are availa	cember, l decisions ler Sectio
On or about 20th January, 1962:— Number of handicapped pupils who were :—	D. (i) On the registers of— (1) Maintained Special Schools	as:— (a) Day pupils (b) Boarding pupils (2) Non-Maintained Special	(a) Day pupils (b) Boarding pupils (ii) On the registers of Independent	School Boa	already included under (i) or (ii) above	E. Being cducated under arrangements made under Section 56 of the Educa-	tion Act, 1944 :— (i) In Hospitals (ii) In other groups (iii) At Home	* Places are available for these pupils, for whom	 G. During the calendar year ended 31st December, 1961:— (a) Number of children subject of new decisions recorded under Section 57(4) of the Education Act, 1944 (b) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944

Expenditure $4 \cdot 48$ 7.82 12.30Net d. Cost in terms of a Penny Rate COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1961. Expenditure Gross $11 \cdot 28$ 4.64 15.92 j Net Expenditure 121,403 212,262333,665 Income 4,577 93,734 98,311 Gross Expenditure 125,980 305,996431,976 Medical Inspection and Treatment TOTALS SECTION Special Schools

PHYSICAL EDUCATION

"Football is all very well for rough girls, but is hardly suitable for delicate boys."

Oscar Wilde, "In Conversation."

By Mr. L. Morant, Organiser of Physical Education.

"1. Introduction

Good progress has been maintained in the planning and provision of additional facilities for physical education and the next few years should bring considerable improvements provided that there are no reductions in capital expenditure already agreed. The announcement made on behalf of the Government that it will not be possible under present economic conditions to implement the recommendations of the Wolfenden Report on "Sport and the Community "is regrettable, and one can only hope that an early change will make the necessary financial arrangements possible. The need is urgent because of the much larger numbers of young people who will leave school in the next few years. At school they will have been given an interest in healthy outdoor pursuits, and improved working conditions will ensure that they will have more leisure time in which to enjoy active physical recreation. There will obviously be a demand for adequate facilities not only for the playing of the traditional team games but also for the increasing number of activities which used to be enjoyed by a few but have now been brought within the reach of all. In this connection there has been a marked national trend in recent years for young people to participate in outdoor pursuits which can be practised individually or in small groups rather than in the more formal "teams." The educational value of such pursuits is appreciated and for this reason they have taken their place in the programme of many Education Authorities. As a result, although the traditional evening classes and swimming classes have catered for larger numbers than ever before, it has been necessary to widen the scope of the programmes by providing instruction in tennis, judo and fencing.

An increasing number of schools have organised camps or excursions to centres for fell-walking, rock climbing and training in similar mountain skills, whilst interest has also been shown in sailing and canoeing. The challenge provided by such pastimes gives an opportunity for young people to discover their own capabilities and makes them more capable of independent thought and action by developing such qualities as self-reliance and initiative. At the same time they learn at first hand the importance of accepting responsibility and taking their place as useful members of a group.

The Duke of Edinburgh's Award Scheme has provided an incentive and 19 schools and several Youth Clubs are now providing training for the various awards. The essence of the scheme is that it demands voluntary individual effort.

2. Activities in Schools

(a) Physical Education

The excellent progress made in recent years in the provision of better facilities has been maintained by the rehabilitation of Nether Green and Springfield County Junior Schools and the opening of Rollestone County Junior and Infant and Gleadless Valley Secondary Schools.

The provision of equipment appropriate to the facilities and to the type of work required by modern educational methods has been generally satisfactory. This has made it possible for every school to prepare a programme of Physical Education which presents challenges and provides opportunities for the development of imagination, initiative, self-confidence and a sense of responsibility.

In addition the programme is sufficiently wide in scope to ensure that all pupils are trained in the basic skills of gymnastics, dancing, athletics, games, swimming, and in many other healthy recreational activities which, whilst making an immediate contribution to the general educational process, should also provide interests which will be beneficial and helpful when school days are over.

To assist the teachers and leaders in making the best use of the facilities and equipment available, members of the organising staff have visited every school and youth organisation at least once during the year. On these visits advice has been given and demonstration lessons have been taken for individual teachers or, on occasions, for the entire school staff at the end of the afternoon session.

The shortage of teachers qualified to teach physical education is not now so acute as it was, but whilst the situation has improved numerically, many married women returning to the profession find that they are completely out of touch with modern methods. Every effort has been made to give them help and guidance by means of school visits and courses, and there has been a gratifying response. Many are now doing excellent work.

In addition, the following courses of instruction have been organised and conducted out of school hours and tribute is due to the many teachers who have given up time to attend:—

Teachers' Courses

	Number enrolled
Athletics Coaching Course for men teachers	. 24
Netball Coaching Course for women teachers	. 31
Lawn Tennis Coaching Course for teachers	. 27
Swimming Course for teachers (Woodthorpe)	. 30
Teaching of swimming. Visit of National Coach .	. 160
Course for men leaders in Youth Clubs and Evening	or S
Institutes	. 46
Course for women leaders in Youth Clubs and Evening	
Institutes	. 35
3 Courses for teachers of Infants	. 100
2 Courses in Rebound Tumbling	. 48
Demonstration for teachers of Infants and Juniors (fo	r
Froebel Society)	. 240

(b) Games

New playing fields have become available at Bradway County Junior, Herdings County Junior, Gleadless Valley Secondary, Jordanthorpe Girls' Secondary, Rowlinson Secondary Technical, Tapton Secondary and Waltheof Secondary schools. Unfortunately this improvement has been counter-balanced by the loss of the established playing fields at Myers Grove, Prince of Wales Road and Tinsley Park. As a result, it became necessary to provide alternative accommodation for 3,400 children per week from the 17 schools affected and unfortunately this could only be done at the cost of some temporary inconvenience to those concerned.

Most schools have taken advantage of their improved facilities to widen the scope of their games scheme and it is now quite common for boys to have an opportunity to learn to play Association and Rugby football, hockey, cricket, basket-ball, tennis and badminton, whilst girls play rounders, hockey, netball, tennis and badminton.

Head Teachers are concerned to use these games for their physical, recreational and social training values rather than for purposes of competition. The emphasis is on the number of participants and there is no longer undue concentration on representative teams.

The practice has grown of one school visiting another to play as many games as possible, and it is very pleasing to see as many as 300 pupils on Saturday morning using the playing facilities simultaneously in friendly competition. The standard of dress, conduct and play reflects great credit on the pupils and their teachers.

By teaching a wide variety of games and arranging for friendly competition at all levels, it is hoped to give pupils when they leave school, the ability and interest to become active participants in at least one form of physical recreation.

Although considerable improvements have been brought about during the year by those responsible for maintenance, it is still necessary to use the fields with discretion because of the heavy demands on turf which is still being consolidated.

A considerable number of inter-school leagues and tournaments have been arranged by enthusiastic teachers as usual. The results are summarised below:—

(i) Association Football

Competition	No. of Teams Winners		Runners-up		
City League	20 16 16 18 16 16 5	St. Peter's R.C. Secy. Meynell Road Secy. Woodthorpe Secy. Hurlfield Secy. Wybourn Secy. Shirecliffe Secy. St Vincent's R.C. Boy's St. Vincent's R.C. Boys., St. Oswald's R.C.	Coleridge Road Secy Hurlfield Boys' Secy Walkley Mixed St. Peter's R.C. Secy Greystones Secy. Beaver Hill Secy. St. Oswald's R.C.		

The following boy gained County Honours during the season:—

K. Briggs (Beaver Hill Secondary School).

(ii) Rugby Football

There has been a considerable improvement in the general standard of play due to good coaching.

The competion winners were :—

(iii) Hockey (Girls)

15 schools took part in the 6th Annual Hockey Tournament which was held at Hurlfield Girls' School. The hostess school won the Final, beating Shirecliffe by 2 goals to nil.

13 schools took part in a League programme which, by providing regular competition, was most effective in improving standards. The Championship was shared by Hurlfield Secondary and Norfolk Secondary Schools.

(iv) Hockey (Boys)

An increasing number of schools provided coaching and friendly matches for boys, many of whom now have the experience of playing three major winter games before they leave school.

(v) Cricket.

Thanks to the increased number of hard practice wickets provided, and to the arrangement by which the Education Committee hire the indoor nets at Bramall Lane for the use of selected boys, some excellent results have been obtained. Some 140 boys received coaching from enthusiastic schoolmasters on Friday evenings and the effect of this has been reflected in the very fine play of the City team. They won the Yorkshire Schools' Cricket Competition for the third time in five years, thus creating a record for the competition.

The results of the local competitions were as follows:—

Competition	No. of Teams	Winners	Runners-up
Stokes Shield	20	Pipworth Road	Shiregreen Secy.
Barber Shield	20	Secy. Pipworth Road Secy.	Southey Green Secy.
Small Schools Trophy	6	Walkley County Mixed	Woodthorpe Secy.

Pipworth Road is to be congratulated on winning both the major trophies, and is the first school to do this since 1954.

(vi) Netball

The Annual City Netball Tournament was held at Hurlfield Girls' School on the 18th March, 1961. 45 teams took part. The Senior Championship was won by Meynell Road Secondary and the Intermediate by Norfolk.

The results of the inter-schools competitions were as follows:—

Competition	No. of Teams	Winners	Runner-up
Groves Shield Creswick Trophy	27 27	Meynell Road Secy. Meynell Road Secy. Norfolk Secondary	Maltby Street

(vii) Rounders

The Annual Tournament held at the Abbeydale Grammar School playing field was a great success attracting entries from 112 teams. The weather was kind and the 1,200 children playing in those spendid surroundings made a fine sight.

The results of the inter-school competitions were as follows:—

League

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield	26	Meynell Road Secy.	Hatfield House Lane Secy.
Fred Bye Trophy	29	Wybourn Secy.	Shirecliffe Secy.
Quine Trophy	12	Shiregreen Secy.	Abbeydale Secy.
Eaton Cup	46	Arbourthorne Central Junior	Maltby Street
Carr Cup	48	Bradway Junior	Ecclesall C.E.

Tournament

Competition	No. of Teams	Winners	Runners-up
Slavin Cup	42	Hucklow Road Junior	Meynell Road Junior
Brightside Cup	38	Maltby Street	Woodbourn Junior
Miller Trophy	35	Wybourn Secy.	Beaver Hill Secy.
Drew Trophy	32	Meynell Road Secy.	Shirecliffe Secy.

(viii) Basket-Ball

The fifth annual tournament took place in the Jordanthorpe and Rowlinson gymnasia. 24 teams entered and the championship was won by Hatfield House Lane Secondary School, with Pipworth Road Secondary the runners-up.

The City team are having a very successful run in the National Schools' Tournament, having reached the semi-final in their second attempt.

(ix) Tennis

Eight tennis courts were lost during the year because of re-development and 4 new ones were provided. The total controlled by the Committee is now 97, all of which are used regularly during organised games for class coaching purposes.

The tennis league, which started last year, was expanded and a very successful tournament was held at Myers Grove Comprehensive School on the 13th July. The results were as follows:—

League

Competition	Winners	Runners-up
Girls' Doubles	Silverdale Secondary Silverdale Secondary Rowlinson Secondary Technical	Shirecliffe Secondary Tapton Secondary Jordanthorpe Secondary

Tournament

Competition	Winners	Runners-up	
Girls' Doubles	Abbeydale Grammar	Shirecliffe Secondary	
Mixed Doubles	Silverdale Secondary	Shirecliffe Secondary	
Boys' Doubles	Rowlinson Secondary Technical	Jordanthorpe Secondary	

(x) Badminton

Like tennis, this game has been conducted as a club activity with pupils taking much of the responsibility. The standards of play, dress and behaviour are very creditable to all concerned.

An inter-schools league provided an interesting series of evening matches throughout the season and the finals were held at Hinde House Secondary School.

The winners were as follows:—

Girls' Doubles	 	• •	Shirecliffe Secondary
Boys' Doubles	 	• •	Newfield Secondary
Mixed Doubles	 		Norfolk Secondary

(c) Athletics

Additional training areas have been provided on school fields and it is hoped that in the very near future all secondary school pupils will be able to practice under proper conditions the skills learned in the gymnasia.

Standards are improving and more schools are extending their programmes to include field events. A pleasing feature has been the development of athletics as an inter-school activity and several matches took place in which as many as 6 schools were involved.

A strong team was sent to the Yorkshire Championships in which 5 of our representatives wen their events, and 4 were selected as members of the Yorkshire team for the Inter-County Championships.

Cross-country running is very popular in boys' schools and regular Saturday morning runs have been attended by more than 30 school teams. In the Yorkshire Championships Sheffield were 1st in the Junior Race and provided the individual winner in the Senior.

(d) Dance

Within the physical education programme, dancing takes its place as an energetic and enjoyable activity. The wide variety of types of dancing presented to school children gives opportunity for them to learn traditional forms from their own country and from other lands. It also helps them to appreciate the rhythms and musical accompaniment for dancing and to interpret these in movements which can be built up into dances.

Sheffield Aesthetic and National Dance Society:

The Society has continued to provide a varied programme of dancing for teachers to assist them in their work in day and evening schools and for their own enjoyment. The annual party was once again held at the end of the Spring Term and was an energetic and enjoyable evening for children taught by members. During the Autumn Term Miss J. Tomlinson made a very welcome return visit to take an evening of Modern Educational Dance, showing how simple ideas can be built up to suit different age-groups.

(e) Camping and School Journeys

An increasing number of schools have now come to realise the value of camping and kindred pursuits. In addition to the many parties travelling abroad on highly organised tours to areas of cultural interest, more camps have been organised in this country. These have ranged from large camps for mixed parties, which have been used as bases for light-weight camping in the Yorkshire and Derbyshire Dales, to smaller parties who have stayed in Youth Hostels and mountain huts in Lakeland and Snowdonia whilst learning map-reading, rock-climbing and similar mountaineering skills.

This work, which is all done voluntarily by teachers out of school hours deserves every encouragement on educational grounds. The value of the new experiences in the countryside in broadening the outlook and stimulating qualities which tend to be latent in some city pupils would appear to justify even greater attention to this type of activity. Boys who have been given this opportunity have responded very well and it has been very gratifying to receive glowing reports from experts on their feats of mountain walking and bivouacing at high altitudes in the "Snowdon Horseshoe."

Work has continued with the development of the Duke of Edinburgh's Award Scheme and at present over 250 boys are preparing for the Award in 19 different schools. Several schools have now introduced the scheme for girls. Two conferences have been organised for the purpose of giving guidance to teachers and youth leaders.

(f) Swimming

The policy pursued in recent years of placing the main emphasis on the instruction of all children between the ages of 10 and 12 is producing very satisfactory results. Many primary schools now take a pride in having all the children to be transferred at 11 years of age able to swim at least 25 yards. During the year several teachers in secondary schools have expressed pleasure at the number of children in the new intake who were able to swim. They have thus been able to introduce the more advanced skills at an earlier age.

Despite the emphasis on the teaching of non-swimmers the results in life-saving and competitive swimming are still very good.

ATTENDANCES IN SCHOOL TIME

Year	No. of Attendances
1958	286,636
1959	295,134
1960	306,138
1961	267,584

The reduction is due to the fact that one swimming bath has been closed for repairs for a considerable period, whilst others have been closed for shorter periods for normal maintenance.

DISTANCE CERTIFICATES

Lengths		Boy	S			G	irls	
in Yards	1958	1959	1960	1961	1958	1959	1960	1961
25 100 440 880	2,793 2,079 1,619 1,310	2,937 2,199 1,636 1,383	2,906 2,251 1,816 1,602	2,852 2,156 1,699 1,537	2,227 1,562 1,121 816	2,486 1,741 1,219 851	2,644 2,027 1,409 1,030	2,688 1,943 1,310 988
Totals	7,801	8,155	8,575	8,244	5,726	6,297	7,110	6,929

Grand Totals 1958.. .. 13,527 1959.. .. 14,452 1960.. .. 15,685 1961.. .. 15,173

(i) Life-Saving

Awards made by the Royal Life Saving Society for success in their examinations were as follows:—

	1960	1961
Intermediate Certificate	 1,784	1,598
Bronze Medallion	 877	1,133
Bronze Cross	 36	37
Scholar Instructor	 12	24
Instructor	 48	23
Award of Merit	 17	20

Sheffield has a very proud record for the number of awards gained and from reports received it is clear that the quality of performance of the candidates was also well maintained.

Other life-saving awards gained by Sheffield schools were :-

The Viner Shield	Carbrook C.E. School	
The Bolton Memorial Cup	Springvale House Special School	
The Biggin Shield	Central Technical School	
The Potter Cup—Girls	Grange Grammar School	
Boys	Hurlfield Secondary Boys'	
The William Henry Cup—		
Boys	Hurlfield Secondary Boys'	
Girls	Woodthorpe Secondary	

(ii) Awards of Merit

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1961	51 (38)	20	71
(1960)		(39)	(77)

(iii) Free Passes to Baths

Every school where 20 or more pupils obtain certificates is awarded one free pass annually for boys and one for girls by the Cleansing and Baths Committee. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII swimming baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows:—

City Teams .						56
-						
Training Scheme						64
Schools attendin						
Woodthorpe and	l King E	dward VI	I Bat	hs	 	36
		Т.	_			200
		Тота	L		 	390

(iv) H.M.S. "Sheffield" Trophy

The artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. The competition was won by Waltheof Secondary School.

(v) The Winter Squadron Leagues

These competitions continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the secretary, is to be congratulated on the good work done.

The results were :—

Winners

Senior: Boys Hinde House Secondary

Girls Upperthorpe County

Junior: Boys Upperthorpe County

Girls Carfield Secondary

(vi) English Schools' Advanced Award

This award demands all-round proficiency in swimming both in style and speed, and above-average ability in diving. In 1961, 13 boys and 15 girls from Sheffield schools were successful.

3. School Sports and Tournaments

The number of schools organising their own open days, sports days and swimming galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public, and in improving the prestige of the school as an influence for good in its environment.

4. Out-of-school Activities

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it is appropriate that their devoted service should receive this acknowledgment.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Aesthetic and National Dance Society, the Teachers' Netball Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(a) The Sheffield Schools' Athletics Association

The members of this association, the second oldest of its type in the country, have a proud record of 70 years' voluntary service for the children of the City's schools. An innovation this year has been the formation of a Fencing Section. The constituent sub-committees have all organised coaching and competitions in their own activities and their efforts have again been co-ordinated by the general secretary, Mr. E. Cornthwaite. The secretary of the Association Football section, Mr. C. Cawsey, again reports a successful season, with the many league competitions completed.

The Rugby Football section under the leadership of Mr. Gallagher has continued to develop and now seems to be prepared for a period of rapid expansion.

The Rounders section under Mr. Albaya and the Netball section under Miss Bennett have both had a busy and successful year, during which they have catered for very large numbers in league competitions and rallies.

Mr. H. Whitham, the secretary of the Athletics section, reports a very active season in which Sheffield children have been successful in county and national events.

(b) The Sheffield Schools' Swimming Association

The association has had its normal year of great activity and considerable success. Nine district and two City galas were organised. In the Yorkshire Schools' Championship Trophy, Sheffield lost to Leeds by 1 point after a most exciting gala. In the National Schools' Swimming Championships held at Blackpool, Abbeydale Boys' Grammar School were second in the Free-Style Squadron race and a team of girls from Upperthorpe County School was 5th. Both these were excellent performances.

Mr. Hughes, Mr. Stables, Mrs. Blakey and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(c) The Sheffield Teachers' Folk Dance Club

This club has continued to encourage the teaching and practice of folk and traditional dances in schools, clubs, and institutes under the jurisdiction of the Education Committee.

The eighteenth annual week-end course was held at Granville College of Further Education, attracting 70 teachers. The club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

5. Conclusion

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his senior staff; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service; of the kindly assistance of the office staff and personal colleagues; and of the friendly relationships existing with the teaching staff."